

Add New Plasma Product

Select

Plasma Product

Indication

National Institute of Biologicals

Ministry of Health & Family Welfare, Govt. of India (National Coordinating Center) HAEMOVIGILANCE PROGRAMME OF INDIA



Transfusion Reaction Reporting Form (TRRF) For Blood & Blood Components & Plasma Products (Version-2) (A) Patient Information Hospital Code No.: Patient Initials*: Gender*: Blood Group* Hospital Admission No.*: Age/Date of Birth*: .YrsDaysHrs Mins Primary Diagnosis* Medical History: (B) Transfusion Reaction Details Was the patient under anaesthesia during transfusion: Yes/No if Yes type: GA/Spinal/LA Pre-transfusion Vitals: Pulse: SPO2: Temp: BP: RR: Vitals at the time of reaction: BP. RR. SPO2. Temp: Pulse: Please tick mark the relevant signs and symptoms listed below Generalised Respiratory Circulatory Fever Anxiety Chest Pain Dyspnoea Haematuria Tachycardia Itching (Pruritus) Hypertension Chills Abdominal Wheeze Haemoglobinuria Edema (Site) Hypotension Back/Flank Pain Rigors Cough Oliguria Hypoxemia Raised JVP Infusion Site Pain Nausea Juandice Other Arrhythmias Urticaria Other Other Flushing Bilateral Infiltrates on Other Restlessness Chest X-ray Vomiting Other_ Any Other(Specify) : .. (C) Transfusion Product(s) Details* Date & Time Batch / Date & Time Volume Expiry date Manufact Select Select of Issue of Unit Id Blood Lot No. of 1st time/ Select* of onset Transfused of Blood urer of Component Indication Blood (Transfused) Group the Blood repeat Transfusion Transfusion (ml) Blood Bag Component Component Bag Saline Washed Red Cells COVID-19 Convalescent Plasma 1st Time Whole blood Packed Red blood cells (PRBC) Buffy coat depleted PRBC Leucofiltered PRBC Random Donor Repeat 1 to 10 platelets/ pooled Apheresis Platelets Fresh Frozen Plasma Repeat > 10 Cryoprecipitat Any Other

Date of Administration

Expiry Date of

the

Plasma Product / Lot No.

Manufacturer

1st Time / Repeat

1st Time
Repeat 1 to 10
Repeat > 10

(U)	Inve	stigations											
		Clerical Checks						Specify E	rror Fo	ound if any: _			
		Investigatio	n				re-tra	ansfusion samp	ole			Post-tran	sfusion sample
		Visual Check											
*		Repeat Blood Grouping		()+ /c	A+ /B+ /AB+	/O- / <i>F</i>	A- /B- /AB-			O+ /A+ /B+	/AB+ /O- //	A- /B- /AB-
*		Repeat Crossmatch				Compatible		InCompatible		Not Done	Compa	tible I	InCompatible Not Done
*	П	Repeat Antibody screen				Negative		Positive		Not Done	Negati	ve I	Positive Not Done
	П	Antibody Identification											
*	Ħ	Direct antiglobulin test			П	Negative	П	Positive		Not Done	Negativ	ve I	Positive Not Done
	Ħ	Hemoglobin											
	H	Plasma Hemoglobin											
	H	Urine hemoglobin											
	H	Bilirubin (Total/conjugated)											
	Н												
	Н	Platelet count											
	닏	PT/INR			_		_		_				
*	Ш	Blood culture of Blood Bag		ļļ.	_	Negative	Щ	Positive	Щ		Specify Org		
*		Blood culture of Patient				Negative	Ш	Positive	Ш	Not Done	Negati	ve P	Positive Not Done
		Specify Organism if positive								Specify Organism if positive			
		Chest X-ray of the patient in cas	se of suspected TRALI	I									
In ca	ase o	f Non-immune hemolysis (which	h of the following wa	as the case	?)								
		Hemolysis due to freezing of PR	RBC Units										
	П	Hemolysis due to inappropriate		nits									
	Ħ		to infusion of any other fluid through same BT set. Specify Fluid:										
	Ħ	Aechanical damage											
In C	350 (following was the cas	(2م									
C	ase of ABO Mismatch (which of the following was the case?)												
-	H	Wrong Blood in tube											
	H	Grouping error											
	H	Labelling error											
	<u> Ц</u>	Wrong unit transfused											
(E) I	Natu	re of Adverse Reaction(s)*											
									l _D	ate & Time o	of Onset of	Date &	
Sele	ct		Reac	tion			Date &		Reacti		Time of	Outcome	
										Reacti	1011	Recovery	
Г	\neg	Febrile Non Haemolytic Reaction	ons (FNHTR)										
-	_	1° C rise in temperature											
		2° C rise in temperature											1. Death following the
		Only Chills & Rigors											_
L		_											Adverse Reaction(s)
		Allergic reaction											
\Box		Anaphylaxis											
		Immunological Haemolysis due to ABO Incompatibility											
		Immunological Haemolysis due to other Allo-Antibodies											
		Non Immunological Haemolysis Hypotensive Transfusion Reaction											
T	7												2. Recovered
F	=												211100010100
1	_	Transfusion Related Acute Lung Injury (TRALI) Definite											
L_,		Possible											
		Transfusion Associated Dyspno	ea (TAD)										_
		Transfusion Associated Circulat	tory Overload (TACO)										
		Transfusion Transmitted Bacter	rial Infection										3. Recovered with
		Transfusion Transmitted Parasi	tic Infection (Malaria))									Sequelae
П		Post Transfusion Purpura											
			Transfusion Associated Graft versus Host Disease (TAGvHD)										
-			I -	,			$\overline{}$						4. Unknown
Ιг	\neg												
۱ '		Other Reaction (s)											
<u> </u>	_	Add New					퓜						
118.55		Add New											
	UTA	Add New BITLITY ASSESSMENT											
	UTA	Add New									*1		
(F) I	UTA	Add New BITLITY ASSESSMENT		Trans	sfusi	on Product/	' Com	ponent				tability Ass	
(F) I	UTA	Add New BITLITY ASSESSMENT utability Assessment*		Trans	sfusi	on Product/	' Com	ponent					essment the below list)
(F) I	UTA	Add New BITLITY ASSESSMENT utability Assessment*		Trans	sfusi	on Product/	' Com	ponent					
(F) I	UTA	Add New BITLITY ASSESSMENT utability Assessment*		Trans	sfusi	on Product/	' Com	ponent		(
(F) I	UTA	Add New BITLITY ASSESSMENT utability Assessment*		Trans	sfusi	on Product/	' Com	ponent		(
S.	UTA mpu No.	Add New BITLITY ASSESSMENT Itability Assessment* Reaction Term											
(F) I	UTA mpu No.	Add New BITLITY ASSESSMENT utability Assessment*	robable (Likely), 3. Po						lot Ass				
(F) I	UTA mpu No.	Add New BITLITY ASSESSMENT Itability Assessment* Reaction Term	robable (Likely), 3. Po	ossible, 4. l	Unlil	kely (Doubtf	ul), 5.						
(F) S. *Im	Mpu No.	Add New BITLITY ASSESSMENT Itability Assessment* Reaction Term bility: 1. Definite (Certain), 2. Pr	robable (Likely), 3. Po	ossible, 4. l	Unlil	kely (Doubtf Denomina	ul), 5.	Excluded, 6. N					
S.	Mpu No.	Add New BITLITY ASSESSMENT Itability Assessment* Reaction Term bility: 1. Definite (Certain), 2. Pr		ossible, 4. l	Unlil	kely (Doubtf Denomina	ul), 5.	Excluded, 6. N		eessed	Please men	ition from 1	
Im	UTA mpu No.	Add New BITLITY ASSESSMENT Itability Assessment Reaction Term bility: 1. Definite (Certain), 2. Pr	robable (Likely), 3. Po	ossible, 4. l	Unlil	kely (Doubtf Denomina	ul), 5.	Excluded, 6. N		eessed		ition from 1	
Im Hos	UTA Impl No.	Add New BITLITY ASSESSMENT Itability Assessment Reaction Term bility: 1. Definite (Certain), 2. Pr Code: Blood Washed Red Cells		ossible, 4. l	Unlil	kely (Doubtf Denomina	ul), 5.	Excluded, 6. N		eessed	Please men	ition from 1	
Im Hos 2) C	No. puta	Add New BITLITY ASSESSMENT Itability Assessment Reaction Term bility: 1. Definite (Certain), 2. Pr Code: Blood Washed Red Cells -19 Convalescent Plasma		ossible, 4. l	Unlil	kely (Doubtf Denomina	ul), 5.	Excluded, 6. N		eessed	Please men	ition from 1	
Im Hos 2) C 3) Fr	No. puta puta OVID resh	Add New BITLITY ASSESSMENT Itability Assessment Reaction Term bility: 1. Definite (Certain), 2. Pr Code: Blood Washed Red Cells -19 Convalescent Plasma Frozen Plasma		ossible, 4. l	Unlil	kely (Doubtf Denomina	ul), 5.	Excluded, 6. N		eessed	Please men	ition from 1	
Im Hos 2) C 3) Fi 4) W	No. puta pital ovideresh	Add New BITLITY ASSESSMENT Itability Assessment Reaction Term bility: 1. Definite (Certain), 2. Pr Code: Blood Washed Red Cells -19 Convalescent Plasma Frozen Plasma e Blood		ossible, 4. l	Unlil	kely (Doubtf Denomina	ul), 5.	Excluded, 6. N		eessed	Please men	ition from 1	
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