



แบบประเมินผู้ป่วยที่มีภาวะ Transfusion-related acute lung injury (TRALI)

Patient name(Mr./Mrs./Ms./Other) _____ Surname _____ Age _____	
Hospital _____ H.N. _____ Blood group (ABO/Rh) _____	
Transfusion date/time (start to finish) _____ Tel. _____ E-mail. _____	
<p>Blood product received during or within 6 hours of cessation of transfusion</p> <p>1. _____ จำนวน _____ Unit(s) (ระบุ unit no. _____)</p> <p>2. _____ จำนวน _____ Unit(s) (ระบุ unit no. _____)</p> <p>3. _____ จำนวน _____ Unit(s) (ระบุ unit no. _____)</p> <p>4. _____ จำนวน _____ Unit(s) (ระบุ unit no. _____)</p> <p>5. _____ จำนวน _____ Unit(s) (ระบุ unit no. _____)</p>	<p>Blood Product Type abbreviation for specification</p> <p>FFP: Fresh Frozen Plasma, PC: Platelet Concentrate</p> <p>SDP: Single Donor Platelet, WB: Whole Blood, PRC: Packed Red Cell</p> <p>LPRC: Leukocyte Poor Packed Red Blood Cell</p> <p>LRPRC: Leukocyte-Reduced Red Blood Cell</p> <p>Cryoprecipitate, Albumin, IVIG</p>
Clinical Feature	
1. Occurrence of acute onset acute lung injury during or within 6 hours of cessation of transfusion <input type="checkbox"/> No <input type="checkbox"/> Yes	
2. PaO ₂ /FiO ₂ _____ mm Hg (≤ 300 mm Hg) or SpO ₂ _____ % (< 90%)	
3. Chest X-ray with bilateral infiltrates <input type="checkbox"/> No <input type="checkbox"/> Yes	
4. Chest X-ray normal heart size with no vascular congestion <input type="checkbox"/> No <input type="checkbox"/> Yes	
5. Blood Pressure <input type="checkbox"/> Hypotension <input type="checkbox"/> Normal <input type="checkbox"/> Hypertension	
6. Response to diuretics <input type="checkbox"/> Worsens <input type="checkbox"/> Normal <input type="checkbox"/> Improves <input type="checkbox"/> N/A	
7. Temporal relationship to an alternative risk factor for ALI, during or within 6 hours of cessation of transfusion	
<input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please specify the syndrome below)	
<input type="checkbox"/> Direct Lung Injury: <input type="checkbox"/> No <input type="checkbox"/> Yes; <input type="checkbox"/> Aspiration, <input type="checkbox"/> Pneumonia, <input type="checkbox"/> Toxic inhalation, <input type="checkbox"/> Lung contusion, <input type="checkbox"/> Pulmonary vasculitis, <input type="checkbox"/> Near drowning, <input type="checkbox"/> Cardiopulmonary bypass	
<input type="checkbox"/> Indirect Lung Injury <input type="checkbox"/> No <input type="checkbox"/> Yes; <input type="checkbox"/> Severe sepsis, <input type="checkbox"/> Shock, <input type="checkbox"/> Multiple trauma, <input type="checkbox"/> Burn injury, <input type="checkbox"/> Acute pancreatitis, <input type="checkbox"/> Drug overdose, <input type="checkbox"/> Chronic alcohol abuse	
8. Patient clinical status is stable for ≥ 12 hours before symptoms: <input type="checkbox"/> No <input type="checkbox"/> Yes	
9. Other clinical evidence, please provide us with more details:	
Clinical diagnosis <input type="checkbox"/> TRALI <input type="checkbox"/> TACO	

ขอรับรองว่าข้อความข้างต้น เป็นความจริงทุกประการ/ แพทย์ผู้วินิจฉัย _____ date/time _____

ตัวบรรจง (_____)