

**Table 2
2006**

CLINICAL AND RADIOLOGICAL FEATURES OF CASES REPORTED AS TRALI

TRALI case number	TRALI prob	Other risk factors	Symptoms/signs					
			Fever or rigors	Reduced blood pressure	Dyspnoea or tachypnoea	Signs of heart failure	Reduced pO2	Chest X ray
1	Highly likely	No	No	Yes	Yes	NK	Yes	Diffuse bilateral pulmonary infiltrates
3	Possible	No	No	Yes	Yes	No	Yes	Bilateral diffuse pulmonary shadowing
4	Possible	Haemorrhagic shock (Hb 4g/dl)	Not known	Not known	Yes	No	Yes	Widespread bilateral infiltrates (ARDS)
5	Highly likely	Hypoalbuminaemia	No	No	Yes	No	Yes	*** awaited
6	Possible	Fluid overload	No	No	Yes	No	Yes	Bilateral pulmonary oedema
7	Unlikely	Fluid overload	No	No	Yes	No	Yes	Pulmonary oedema
8	Possible	Sepsis (staphylococcal septicaemia). Fluid overload	No	No	Yes	No	Yes	Bilateral pulmonary infiltrates
9	Unlikely	Restricted thoracic movement-post surgery for scoliosis correction	No	No	Yes	No	Yes	Bilateral infiltrates
2	Probable	Had non ST elevation myocardial infarct at same time	Yes	Yes	Yes	No	Yes	Both lower zones and right mid zone deterioration compared with three days pre transfusion. However appearances are non-specific
10	Unlikely	Sepsis, fluid overload, atrial fibrillation, 5 units FFP given over 1 hour	No	No	Yes	No	Yes	Bilateral fluffy shadowing after reaction. Patchy shadowing both lung fields previous day

NR= Not recorded

**Table 2 PROB INDEXED
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CLINICAL AND RADIOLOGICAL FEATURES OF CASES REPORTED AS TRALI

	TRALI prob	Other risk factors	Fever or rigors	Reduced blood pressure	Dyspnoea or tachypnoea	Signs of heart failure	Reduced pO2	Chest X ray
1	1 Highly likely	No	No	Yes	Yes	NK	Yes	Diffuse bilateral pulmonary infiltrates
5	1 Highly likely	Hypoalbuminaemia	No	No	Yes	No	Yes	*** awaited
2	2 Probable	Had non ST elevation myocardial infarct at same time	Yes	Yes	Yes	No	Yes	Both lower zones and right mid zone deterioration compared with three days pre transfusion. However appearances are non-specific
3	3 Possible	Overweight and general anaesthetic	No	Yes	Yes	No	Yes	Bilateral diffuse pulmonary shadowing
4	3 Possible	Haemorrhagic shock (Hb 4g/dl)	Not known	Not known	Yes	No	Yes	Widespread bilateral infiltrates (ARDS)
6	3 Possible	Fluid overload	No	No	Yes	No	Yes	Bilateral pulmonary oedema
8	3 Possible	Sepsis (staphylococcal septicaemia). Fluid overload	No	No	Yes	No	Yes	Bilateral pulmonary infiltrates
7	4 Unlikely	Fluid overload	No	No	Yes	No	Yes	Pulmonary oedema
9	4 Unlikely	Restricted thoracic movement- post surgery for scoliosis correction	No	No	Yes	No	Yes	Bilateral infiltrates
10	4 Unlikely	Sepsis, fluid overload, atrial fibrillation, 5 units FFP given over 1 hour	No	No	Yes	No	Yes	Bilateral fluffy shadowing after reaction. Patchy shadowing both lung fields previous day

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