Annual SHOT Report 2014 – Supplementary Information

Chapter 19: Transfusion-Associated Dyspnoea (TAD)

DATA SUMMARY Total number of cases: n=7							
Implicated components				**Mortality/morbidity**			
Red cells	**4**			Deaths *definitely* due to transfusion	**0**		
Fresh Frozen Plasma	**0**			Deaths *probably/likely* due to transfusion	**1**		
Platelets	**1**			Deaths *possibly* due to transfusion	**2**		
Cryoprecipitate	**0**			Major morbidity	**2**		
Granulocytes	**1**			Potential for major morbidity *(Anti-D or K only)*	**0**		
Anti-D Ig	**0**						
Multiple components	**1**						
Unknown	**0**						
Gender		**Age**		**Emergency vs. routine and core hours vs. out of core hours**		**Where transfusion took place**	
Male	**2**	≥ 18 years	**7**	Emergency	**1**	Emergency Department	**0**
Female	**5**	16 years to <18 years	**0**	Urgent	**2**	Theatre	**0**
Not known	**0**	1 year to <16 years	**0**	Routine	**3**	ITU/NNU/HDU/Recovery	**0**
		>28 days to <1 year	**0**	Not known	**1**	Wards	**5**
		Birth to ≤28 days	**0**			Delivery Ward	**0**
		Not known	**0**	In core hours	**2**	Postnatal	**0**
				Out of core hours	**1**	Medical Assessment Unit	**1**
				Not known/Not applicable	**4**	Community	**0**
						Outpatient/day unit	**0**
						Hospice	**0**
						Antenatal Clinic	**0**
						Other	**1**
						Unknown	**0**

(ITU=Intensive therapy unit; NNU=Neonatal unit; HDU=High dependency unit)

Transfusion-Associated Dyspnoea (TAD) - Previous Recommendations

Year first made	Action	Recommendation
2011	**Hospital Transfusion Teams (HTTs)**	Reporters should continue to report all cases of transfusion-associated respiratory distress via the new SHOT pulmonary questionnaire. The information provided will enable accurate categorisation of transfusion-associated dyspnoea (TAD), which in turn will enable better recognition of this entity, and its appropriate investigation and management
2010	**HTTs**	Assessment of all cases of respiratory distress associated with transfusion should include assessment of oxygen saturation/arterial blood gases and CXR appearances.
2010	**HTTs**	In cases of suspected ATR where the predominant feature is respiratory distress, the case should be reported to SHOT as a pulmonary complication of transfusion (e.g. TAD).
2008	**HTTs**	All pulmonary reactions to transfusion should be reported to SHOT. Accurate information on the diverse spectrum of pulmonary complications of transfusion will inform a systematic approach to their appropriate investigation and management.