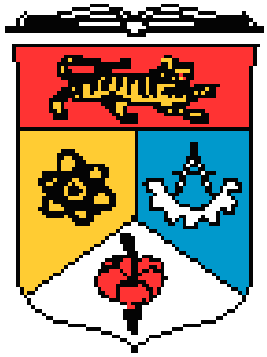

GUIDELINES ON BLOOD AND BLOOD COMPONENTS TRANSFUSION

(Written Consent)

BLOOD BANK
DEPARTMENT OF DIAGNOSTIC LABORATORY SERVICES
UKM MEDICAL CENTER

2nd Edition, 2013
Reviewed December 2015

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2nd Edition

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Reviewed by Hospital Transfusion Committee (December 2015)

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GUIDELINE ON BLOOD AND BLOOD COMPONENT TRANSFUSION – WRITTEN CONSENT

Introduction:

This guideline addresses the process of written consent required prior to administration of fresh blood products in the non emergent setting. The purpose of this guideline provides a framework for clinicians prescribing blood products for all patients at University Kebangsaan Malaysia Medical Centre.

This consent provides a structure for a patient to have the opportunity to understand regarding the **indications, risks, possible alternatives and benefits of a blood transfusion**. It permits the patient to participate more fully in treatment decisions. Written consent is required for all blood components - **red cells, plasma, platelets, cryoprecipitate**.

Written Informed Consent

A. **When :** The consent for transfusion should be obtained as soon as possible if a transfusion is contemplated.

B. **Who :** The **prescribing doctor** is responsible for discussing the risks and benefits of blood transfusion and for obtaining consent or documenting refusal on the consent form. A conversation with the parent/patient is conducted to inform them of the
   - Indications and Benefits of Transfusion
   - Risks of Transfusion
   - Risks of not having the recommended transfusion
   - Any alternative treatments to transfusion that are appropriate

   This conversation should include the opportunity for the parent/ patient to ask any questions they may have about the transfusion, risks or alternatives. This conversation should be documented in the "Consent Form For Blood/Blood Component Transfusion" and must be stored in the patients current medical record.

C. **How frequent :** frequency of consent

   i. **Acute patients:** patients who are receiving a single transfusion associated with surgery or some other medical condition should be consented prior to this episode of transfusion. This consent will remain valid for the remainder of the admission provided the indication for the transfusion remained the same.

   ii. **Chronic patients**: Patients from Oncology / haematology or patients undergoing regular/ frequent transfusions should be consented at the commencement of their treatment or as their condition evolves and the indication for transfusion changes. This consent will generally remain valid for 12 months unless there is a significant change in the indication or risk profile of transfusion.

iii. **Emergency Transfusions**: For life saving purposes, emergency transfusion will be administered first and the consent can be sorted out at the earliest opportunity later. (These patients and / or families should be given the explanation for the blood transfusion and to get the consent as soon as possible.)

D. **What if : the patient refuses to consent to a blood transfusion?**

Some patients may refuse blood transfusion (such as a Jehovah's Witness) even in emergency situations. It is important to honor such requests, and this must be documented clearly in the patient's case note and alternatives strategies such as autologous blood donation or use of erythropoietin may be suggested.

E. **How :** Guide for providing written informed consent

The following information is provided as a guide to assist the physician in-charge in getting the written informed consent for blood transfusion from the patients or caregivers. In non-urgent situations, a discussion should take place with the patient(s) or parent(s) about what a blood transfusion involves and the risks. The discussion should include the following explanation on:

1. **Why** are you recommending a transfusion?
2. **Benefits** expected of the transfusion
3. **What** is the product and what does it do
4. **Alternatives**
    - Are any available (for example the use of iron for treatment of iron deficiency anaemia) and if so why are you recommending transfusion?
    - Blood donation from a family member (those wanting directed donation need to be referred to the Blood Bank Haematologist, this process takes a few weeks to complete and is only suitable for planned transfusions i.e. For major surgery)
5. **Risks**
    - Low risk, but serious e.g.. viral transmission
    - Common but not serious e.g.. headache, fever
    - Receiving the wrong blood
    - The risk of not transfusing
6. **Ask**, the parent/care giver if there are any questions
7. **Document** the consent process:
    - On the patient's case notes and also to get the patient / caregiver to give the consent on the consent form.

F. General Risks of Transfusion

The general information on risks in transfusion are provided at the back of the consent form.