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GroupHealth

## Consent for Blood and Blood Product Transfusion

Name

Consumer Number

Date Of Birth

Chart Base

This consent form authorizes \_\_\_\_\_ and his/her associates to administer  
\_\_\_\_\_ for the treatment of \_\_\_\_\_.

I understand that State law guarantees my right to receive information about my health care and to make decisions about my health care in partnership with my doctor. This document provides me with that information. In addition, upon my request I have the opportunity to discuss this information further with my doctor.

### PROPOSED TREATMENT

I understand that I need a transfusion as part of my treatment to correct a deficiency of my blood or its parts. This transfusion may be needed for: too much blood loss due to injury, disease or surgery; treatment for cancer, leukemia, or various blood diseases; replacing blood or blood parts that my body is unable to completely produce; or treatment as part of organ or bone marrow transplantation.

I understand that the blood or blood products that I need may include any one or all of the following parts, depending upon the nature of my medical condition:

- Red cells to carry oxygen to tissues or organs;
- Platelets to promote clotting;
- White cells to fight infection;
- Plasma (the protein fluid part of blood) to replace the essential proteins needed for blood clotting; and
- Factor concentrates to replace essential proteins needed for blood clotting.

I understand that when my doctor decides I need a transfusion, a small blood sample will be collected and labeled for testing prior to any transfusion. The sample will be sent to the Puget Sound Blood Center (“Blood Center”) for transfusion testing to select a well-matched unit of donor blood. Before transfusion, the nurse will check the label and my hospital armband to make sure that I am receiving the unit specifically matched for me.

### EXPECTED RESULTS AND BENEFITS

I understand that the transfusion of blood or its parts as listed above is being given to correct a deficiency. The benefits of this transfusion are expected to return my blood or its parts back to levels where they can perform their job in a healthy way.

In the case of red cells, transfusion will very likely increase my blood oxygen carrying capacity and improve the function of my heart and other organs. In the case of platelets, plasma, or factor concentrates, transfusion will very likely improve my blood’s ability to form clots in order to minimize the risk of abnormal bleeding.

I understand that the transfusion procedure generally takes one to three hours and is given intravenously (by a needle-like object typically inserted into a patient’s arm or hand).

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I understand that some patients may develop an allergic reaction to the blood or its products. Symptoms of an allergic reaction may include, but are not limited to, fever, chills, shortness of breath, or other symptoms. These symptoms usually are not serious and generally are treated with medications.

I understand that if I should need blood/blood components during an emergency, that the immediate need may make it necessary to use blood products that are not cross-matched to me. This blood or its products will be of the blood type that usually can be given with a low risk of allergic reaction or other unintended results.

### RISKS

I understand that despite careful transfusion practices followed by my doctors and nurses, there is a chance that I may suffer a transfusion reaction. While most transfusion reactions are mild and easily treated, there is a small risk of death or permanent disability should I suffer a hemolytic transfusion reaction, a rare but serious form of reaction. Hemolytic reactions occur in about one out of every 70,000 transfusion cases. I am also aware there is a small risk for lung injury, known as transfusion related lung injury (TRALI), a serious and life threatening allergic reaction of my lungs to the donor blood product. TRALI reactions occur in about one out of every 190,000 transfusion cases. I have been informed that while there is a small risk of a life threatening transfusion reaction, my health care team is trained to recognize the symptoms, perform an appropriate medical evaluation, and provide treatment for the transfusion reaction in the unlikely event that a reaction should occur. I understand that blood and its products are screened at the Blood Center for matching with my blood to reduce the chances of these serious reactions.

I understand that the blood and its components are voluntarily donated to the Blood Center, which uses appropriate practices to select donors, collect and test individual units of blood. As a result, there is only a very small risk of an infectious disease being transfused to me. Despite this, there is a small risk of the following types of infection from transfusion: bacteria; malaria; hepatitis C; HIV; or another infectious agent. The known risk of transfusion of hepatitis C is about one out of 140,000 units transfused. The known risk of transfusion of HIV is about one out of 2.5 million units transfused. Between 1985 and 2005, the Blood Center reported that no patient had contracted HIV from blood or blood products furnished by the Blood Center, which supplies blood to Group Health.

### ALTERNATIVE TREATMENT

I am aware that there are treatment alternatives to transfusion, including the choice of not being transfused. Some options may include, but are not limited to: infusion of non-blood products, such as vitamins, to help my bone marrow produce blood components; colony stimulating factors to promote blood cell growth; or other drugs to either support my blood system or minimize the effects of the deficiency.

I understand that each of these options is less effective and less rapid acting than the direct transfusion of blood or its parts. I understand that refusal of transfusion of blood may cause serious strain on my heart or other organs due to anemia, and could lead to heart attack, stroke, other life threatening medical conditions, as well as death. I understand that refusal of transfusion of platelets, plasma, or factor concentrates may lead to excessive bleeding which could lead to conditions including but not limited to injury to other organs, infection, heart attack, stroke, or death.

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I understand that family members can donate blood or its parts and ask that it be used for transfusion instead of using the blood products from donors stored at the Blood Center. However, this process takes much more time than using immediately available Blood Center products and is not recommended for emergency or urgent situations. I understand that this may risk my health or life as described above due to delay in treatment. Additionally, Blood Center products are carefully screened to match my blood type and are likely to be a safer match for me than family member donations.

### CONSENT or REFUSE TO CONSENT

I understand that I have the opportunity to speak to my treating doctor about transfusion of blood or blood products, and to discuss in more detail the risks and benefits of transfusion, and the alternative treatments and their likely consequences. I understand that I can ask additional questions and can refuse or withdraw from treatment at any time without affecting my continued access to health care services.

**By signing this document I certify that I understand the risks, benefits and alternatives for this procedure, and that I have had an opportunity to ask questions and to have them answered by my physician.**

Please check one box, then sign and date below.

- I **CONSENT** to receiving the transfusion services described above.
- I **REFUSE** to consent, and knowingly decline to receive the transfusion services described above.

Signature of patient or legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_