

Consent for Blood Product Transfusion

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Washington State law protects your right to make decisions about your health care. Your doctor can give you information and advice, but the final decision is always yours. This document gives you information about the risks, benefits, and alternatives to getting a blood transfusion to treat your condition. If you have any questions about any part of this document, please ask your doctor before making a decision.

Proposed Treatment Plan

1. My doctor recommends a blood transfusion to treat my _____.
2. My treatment will involve transfusion of the following blood products:
 - ☐ Red blood cells to carry oxygen to tissues or organs
 - ☐ Platelets to help with clotting
 - ☐ Plasma (the protein part of the blood) to replace proteins needed for blood clotting
 - ☐ Factor concentrates to replace proteins needed for blood clotting
3. A blood transfusion can help to correct my condition. My doctor expects that the transfusion will help my blood levels return to normal.
 - If I receive red blood cells, the transfusion is expected to increase the ability of my blood to carry oxygen to my heart and other organs.
 - If I receive platelets, plasma, or factor concentrates, the transfusion is expected to help my blood clot more easily, lowering my chances for abnormal bleeding.
4. Receiving a blood transfusion can take approximately 4 to 8 hours depending on the number of blood units needed.
5. I will receive the blood transfusion through a needle inserted into my arm or hand. A central line may be used if I have one (used to give medicine, intravenous fluid, blood over a long period of time).

Risks

1. Blood products are tested at the Blood Center to make sure they will match my blood and lower the chances for any serious reactions. The Blood Center will match my sample to donor blood to make sure I get a good match.
2. People voluntarily donated blood products to the Blood Center. The Blood Center uses safe practices to select donors and to collect and test blood
3. Some patients have an adverse reaction to the blood products. Usually these symptoms aren't serious and can be treated with medicine. Common symptoms of an adverse reaction include fever, chills, hives/itching, and shortness of breath.
4. There is a small chance I could have a hemolytic transfusion reaction, a rare but serious kind of reaction. This can lead to a life-long health condition, such as kidney or lung problems, or death.
5. There is a small chance for having a transfusion-related lung injury. This is caused by a serious, but rare, reaction of the lungs to the donor blood product. This type of reaction can lead to life-long health problems, such as needing oxygen, fluids, and support with a breathing machine.
6. Even though the Blood Center uses precautions in collecting and testing blood, there is a very small risk of getting an infection from the transfusion. This can lead to a bacterial or viral infection such as hepatitis C, hepatitis B, HIV, malaria, or other infectious-type illnesses.

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Name

Patient I.D. Number

Date of Birth

Alternatives

1. There are other choices besides getting a blood transfusion, including the choice to refuse a blood transfusion. Other choices include:
 - Infusion with non-blood products, such as vitamins, to help my bone marrow make blood components
 - Colony stimulating factors to help my blood cells grow
 - Drugs to support my blood system or lessen the effects of my blood deficiency
 - No treatment
2. I understand that these options don't work as well or as quickly as a direct blood transfusion.
3. If I refuse a blood transfusion, the anemia could worsen and might lead to serious problems for my heart or other organs. These problems can include heart attack and stroke, as well as other life-threatening medical conditions and even death.
4. If I refuse a transfusion of platelets, plasma, or factor concentrates, this could cause serious bleeding, which might lead to heart attack, stroke, injury to organs, infection, or death.

Consent or Refuse to Receive Blood or Blood Products

By signing this form, I certify that I understand the risks, benefits, and alternatives to receiving a transfusion of blood products. I've had a chance to ask questions, and my questions have been answered to my satisfaction. I understand that I can refuse or stop treatment at any time without harming my access to have health care services when I need them. I understand that I may ask for, and be provided with, an interpreter.

Please check one box, then sign and date below:

☐ **I CONSENT** to receiving the transfusion services described above.

☐ **I REFUSE** to receive the transfusion services described above.

PATIENT/OTHER LEGALLY RESPONSIBLE PERSON SIGNATURE

DATE

TIME

RELATIONSHIP OF LEGALLY RESPONSIBLE PERSON TO PATIENT

WITNESS

DATE

TIME