



FORM A: BLOOD MANAGEMENT PLAN FOR ADULTS WITH DECISION MAKING CAPACITY

I understand that, as an adult with decision making capacity, I have the right to be told about all blood choices, their benefits and risks, and I understand that if there are no other blood alternatives, declining some/all blood choices may result in serious complications, disability or death.

At Kaiser Permanente, we respect your rights to make individual decisions regarding the use of blood, blood products, or blood procedures in your treatment. Discuss the following Blood Management Plan with your providers and with members of your family/community if desired. Mark your blood treatment preferences (prior to treatment needs) or your blood treatment consent or declination (at the time of treatment) in the table below.

	Will ACCEPT	Will NOT ACCEPT
Primary Blood Components		
Whole blood, red blood cells, white blood cells, platelets, plasma		
Autologous banked blood		
Blood Derivatives (Fractions)		
Cryoprecipitate		
Albumin		
Erythropoiesis Stimulating Agents (ESAs): (e.g., EPO with some albumin)		
Immunoglobulins (i.e., RhoGAM, IVIG)		
Clotting Factors: (PCC, Fibrinogen, Factor VIII, von Willebrand factor, Factor XII, rFVIIa, etc.)		
TOPICAL Procoagulants (i.e., Tiseel, Gelfoam fibrin glue, thrombin)		
OTHER:		
Medical Procedures		
Normovolemic Hemodilution		
Intra-operative Cell Salvage (Cell Saver)		
Hemodialysis (non-blood primed)		
Plasmapheresis with albumin (without plasma)		
Cardiopulmonary Bypass		
OTHER:		
Non-Blood Options		
Erythropoiesis Stimulating Agents – no albumin (e.g. Procrit, rHuEpo, etc)		
Additional Options: (e.g., Tranexamic acid (TXA), Desmopressin (DDAVP), etc.)		

I want to make specific wishes known regarding my Blood Management Plan below: (Attach sheet if you need more space)

Once completed and returned to my physician, this Blood Management Plan takes the place of previous forms I may have executed concerning blood or blood product transfusions. This form, and any other blood plan forms you provide, such as community/faith advance blood directives* will be scanned into my electronic health record. I may see the diagnosis code Z53.1 on my records, communicating "Patient declines blood for reasons of religion or conscience" to my care team. I can change or cancel this Blood Management Plan by completing a new document or by notifying my health care provider.

*Please check if appropriate: Consult my community/faith Advance Blood Directive for additional information.

I have reviewed and understand this form. I have had the opportunity to ask questions and all my questions have been answered. I may request a copy of this form for my personal record.

Print Patient's Name _____

Print Witness's Name _____

Patient's Signature _____

Witness's Signature _____

Date: _____

Date: _____



KAISER PERMANENTE

Adults With Decision Making Capacity Instructions for Providers

Purpose:

- Document patient's personal blood choices well in advance of clinical need.
- Allow the patient to make these decisions autonomously within the scope of the law.
- Have the KP Health Connect Problem List display: "Declines Blood Products for Reasons of Religion or Conscience" (532227) as appropriate.
- Activate the Life Care Planning electronic safety net to prevent administration of unwanted blood products or procedures for all patients declining blood products or procedures
- **PLEASE NOTE that the Provider is NOT expected to explain the various choices on the form.**
- The patient/legal authority is asked to seek explanation of the choices from outside sources.

Actions to be taken by the Provider:

1. Give the BLOOD MANAGEMENT PLAN FOR ADULTS WITH DECISION MAKING CAPACITY and the INSTRUCTIONS FOR PATIENTS to the patient to complete & return for scanning at a later time.
2. CHECK that patient identification information is clearly completed in the upper right corner of EACH page.
3. Go to the Diagnosis section of an encounter to enter the decision to decline blood /blood products by typing DECLINES BLOOD and click on "DECLINES BLOOD PRODUCTS FOR REASONS OF RELIGION OR CONSCIENCE" (532227).
4. Enter the same 532227 to the Problem List. This can be done directly within the Problem List or by clicking the "PL" icon in the visit Diagnosis section.
5. **Outpatients:** Once the form is returned, send it to Medical Records for scanning into patient's electronic chart.
6. **Inpatients:** Place the signed form in the "skinny" paper chart AND send a copy for scanning. Consider referral to the spiritual care chaplain before contacting the Jehovah's Witness Hospital Information Services (see below).

For provider questions about this process or assistance with patient referral for blood management, please contact the following KP resources:

- Local or regional Blood Management Appropriateness Committee
- Local or regional Bioethics Committee Representative
- Local or regional Risk Manager
- Local or regional Spiritual Care Chaplain

Providers can also access the following resources:

- Jehovah's Witness Hospital Information Services to connect with the Jehovah's Witness Hospital Liaison Committee (HLC) representative. HLC representatives are Jehovah's Witness community-based ministers who knowledgeably interact with physicians & hospital personnel, KP Spiritual Care Chaplains, social workers, and members of the judiciary. These services are free:
 - HIS@jw.org
 - Document patient/legal authority consent prior to disclosing PHI



INSTRUCTIONS FOR PATIENTS/LEGAL AUTHORITY:

The choices made about blood, blood products and procedures involving the use of the patient's own blood are personal.

Please note that your Provider is NOT expected to explain your choices to you.

The best sources of information to help you make these choices are in your community. Please consider the following resources:

- Jehovah's Witness Watchtower Website: <http://www.jw.org/en/>

Please complete and sign this form and return it to the doctor so it can be scanned into the chart.

You can change your choices at any time by submitting a new form.