Canberra heart clinic

Blood and/or Manufactured Blood Products Transfusion Consent

Adult (18 years and over)

☐ **Full consent** ☐ **Limited consent**

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

A. Does the patient have capacity?

☐ Yes ➔ ***GO TO** section B*

☐ No ➔ ***COMPLETE** section A*

You must adhere to the Advance Health Directive (AHD), or if there is no AHD, the consent obtained from a substitute decision-maker in the following order: Category 1. Tribunal-appointed guardian; 2. Enduring Power of Attorney; or 3. Statutory Health Attorney.

Name of substitute decision-maker:

Category of substitute decision-maker:

B. Is an interpreter required?

If *yes*, the interpreter has:

☐ provided a sight translation of the informed consent form in person

☐ translated the informed consent form over the telephone

Name of interpreter:

Interpreter code: Language:

C. Patient/substitute decision-maker requests the following treatment(s)

☐ **ALL** blood and/or manufactured blood products transfusion

☐ **LIMITED** blood and/or manufactured blood products transfusion *(as selected below)*

☐ Fresh blood products
- ◯ Red blood cells (RBC)
- ◯ Platelets (PLTS)
- ◯ Fresh frozen plasma (FFP)
- ◯ Cryoprecipitate (Cryo)
- ◯ Cryo-depleted plasma

☐ Manufactured (human plasma-derived) blood products*
- ◯ Human clotting factor products
- ◯ Albumin
- ◯ Immunoglobulins

☐ Autologous (your own blood) product
- ◯ Cell salvage
- ◯ Reinfusion drain

☐ Other blood product(s)
- •
- •
- •

**Written consent is not required for manufactured blood products carrying lower risks than fresh products, unless required by local policy.*

This treatment is valid for:

☐ The current admission

☐ Up to 12 months

A new consent is required after 12 months from the date of this consent, or if there has been a significant change in the health status of the patient/nature of intended treatment.

Date of consent:

Expected end date of consent validity:

D. Risks specific to the patient of having a blood and/or manufactured blood products transfusion

(Doctor/clinician to document additional risks not included in the patient information sheet):

E. Risks specific to the patient of *not* having a blood and/or manufactured blood products transfusion

(Doctor/clinician to document specific risks of not having a blood and/or manufactured blood products transfusion or the products that have been refused as indicated in section C):

F. Alternative treatment options

(Doctor/clinician to document alternative treatment not included in the patient information sheet):

G. Information for the doctor/clinician

The information in this consent form is not intended to be a substitute for direct communication between the doctor/clinician and the patient/substitute decision-maker.

I have explained to the patient/substitute decision-maker the contents of this form and am of the opinion that the information has been understood.

Name of doctor/clinician:

Designation:

Signature: Date:

BLOOD AND/OR MANUFACTURED BLOOD PRODUCTS TRANSFUSION CONSENT

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Adult (18 years and over)

☐ **Full consent** ☐ **Limited consent**

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

H. Patient/substitute decision-maker consent

I acknowledge the doctor/clinician has explained to me:

- the "Blood and/or manufactured blood products transfusion" patient information sheet
- the medical condition and the proposed transfusion
- risks and benefits, which I understand, including the risks specific to me/the patient
- alternative transfusion options and the associated risks
- my/the patient's prognosis, and the risks of not having the transfusion
- no guarantee has been made that a transfusion will improve my/the patient's condition even though it has been carried out with due professional care
- that if a life-threatening event occurs during the treatment, I will be treated based on documented discussions (e.g. AHD or ARP [Acute Resuscitation Plan])
- a doctor, nurse or trainee may conduct the transfusion; all healthcare professional trainees are supervised according to relevant professional body guidelines
- answers to my questions and concerns raised about the condition, the proposed treatment and its risks, and treatment options; my questions and concerns have been discussed and answered to my satisfaction.
- the right to change my consent or refusal (if any) at any time, including after I have signed this form, but preferably following a discussion with a doctor/clinician.

LIMITED consent patients only

In addition to the above, I acknowledge the doctor/clinician has explained to me:

- I/the patient may not be able to receive the most appropriate medical intervention due to my refusal of a transfusion of some blood and/or manufactured blood products (limited consent)
- in certain circumstances, which have been explained, if applicable, a court application may be made by the treating facility to give me/the patient blood or manufactured blood products I have refused; I will be informed of this court application process..

Complete for ALL patients

I/substitute decision-maker have received the following consent and patient information sheet(s):

☐ "Blood and/or manufactured blood products transfusion"

☐ Other *(specify)*

- .....
- .....
- .....

On the basis of the above statements,

I/substitute decision-maker consent to having *(tick applicable box)*

☐ **ALL blood and/or manufactured blood products transfusion**

☐ **LIMITED blood and/or manufactured blood products transfusion**

Name of patient/substitute decision-maker:

Signature: Date:

Bibliography

Australian Red Cross Lifeblood site: https://transfusion.com.au

NBA site: www.blood.gov.au

ANZSBT/RCNA *"Guidelines for the administration of blood products"* 3rd edition, 2019: https://anzsbt.org.au/wp-content/uploads/2020/03/ANZSBT-Administration-Guidelines-Revised-3rd-edition-Publication-Version-FINAL-20191002.pdf

Blood and/or manufactured blood products transfusion

Adult (18 years and over) | Informed consent: patient information

A copy of this form should be given to the patient/substitute decision-maker to read carefully and allow time to ask any questions about the treatment. The consent form and patient information sheet should be included in the patient's medical record.

1. What is a blood and/or manufactured blood products transfusion and how will it help me/the patient?

A blood transfusion is a medical treatment where blood or blood products are given directly into your/the patient's bloodstream.

Blood/blood product transfusion is often used in emergencies and as an important part of some treatments to limit the problems associated with many medical conditions including cancer, blood disorders where the blood does not clot properly, and some injuries and major surgical procedures where a large blood loss has occurred.

Image 1: Blood transfusion bag.

What are the different types of blood transfusion?

Usually part of the blood is given and not the whole blood. Types of blood or blood products include:

Fresh blood products

- red blood cells contain haemoglobin which carries oxygen to the body's tissues and organs. The doctor/clinician will decide if a transfusion is needed by considering the cause and severity of the anaemia (low haemoglobin), the medical condition and any symptoms
- platelets help blood to clot. A platelet transfusion may be needed when the platelet numbers are too low or when the platelets don't work properly
- plasma works with platelets to clot blood and help seal wounds. It is often used for renal and liver transplant patients and in emergencies to help stop bleeding
- cryoprecipitate is a concentrated solution of clotting factors extracted from plasma and often used in emergencies to help stop bleeding.

Manufactured (human plasma-derived) blood products

These blood products have been manufactured from human plasma (plasma-derived).

- albumin is a solution containing plasma proteins generally used in emergencies where extra blood volume is required
- human clotting factor products are solutions with high concentrations of specific clotting factors used to reverse blood thinning medications prior to surgery and for some blood disorders
- specific immunoglobulins are used to protect us from potentially harmful antigens (e.g. tetanus, hepatitis, rhesus D), while intravenous or subcutaneous immunoglobulin (IVIg and SCIg) are used for replacement of antibodies or in autoimmune conditions.

Where does the blood come from?

Fresh blood and blood products are collected only from suitable volunteer donors by the Australian Red Cross Lifeblood. In Australia we take many precautions to ensure blood is as safe as possible. Donated blood is extensively tested to check its safety, and blood that fails these tests is discarded.

Manufactured blood products may be imported products sourced from qualified donors. In addition to safety testing, these products have undergone numerous pathogen inactivation steps, a process which kills germs. If you need more information on this to help make an informed decision, talk to your doctor/nurse.

Blood and blood products are given through a thin plastic tube (intravenous cannula/IV/ drip) inserted into a vein, usually in the arm or hand, and sometimes via a central line (which is a long-term IV access device). Blood and blood products are administered at different rates, a unit (pack) of red blood cells usually takes 2 hours to give, but it may be given more slowly or faster as prescribed by your doctor/clinician.

Checking identity for safety

The nurses will confirm your/the patient's identity by checking details with you/the patient and checking this against the details on your/their hospital identification band. They will also check the paperwork that comes with the blood/blood products and the prescription order to ensure everything matches your/the patient's identity.

The checking procedure is very important because if the wrong blood product (meant for someone else) is given, this may cause serious medical problems. Staff will follow strict double checking procedures before and during every transfusion. If you/the patient feels unwell during a transfusion it is important to tell the staff **immediately**.

Can relatives donate blood for the patient?

There are increased risks of transfusion reactions with blood from relatives and therefore this service is not provided.

What can we do to make sure that a safe supply of blood is available?

The Australian Red Cross Lifeblood takes steps to screen every donor carefully to ensure that only healthy people donate blood. This helps to ensure a safe and adequate blood supply, which saves many lives each year.

2. What are the risks?

There may also be risks specific to each person's individual condition and circumstances. Please discuss these with the doctor/clinician and ensure they are written on the consent form before you sign it. Risks include but are not limited to the following:

Common risks and complications

- high temperature or chills
- rash, itching and hives
- patients who receive regular transfusions are more at risk of the above reactions.

Rare risks and complications

- shortness of breath due to a blood transfusion reaction
- haemolysis - the abnormal break down of red blood cells
- the development of antibodies which may complicate future transfusions and/or organ tissue transplants; if these complications occur in females they may potentially cause problems for future babies
- transfer of viral or other infectious germs (including hepatitis virus, HIV and bacteria) from the blood of the donors
- very rarely, the reactions listed above may cause serious harm or possibly death.

This treatment will not require an anaesthetic.

What are the risks of not having a blood and/or manufactured blood products transfusion?

There may be health consequences and serious risks if you choose not to have a transfusion or if you provide only limited consent to these treatments. Please discuss these with the doctor/clinician.

If you choose not to have the treatment, you will be required to sign a refusal form.

If you have signed a consent form, you have the right to change your mind at any time prior to the treatment. Please contact the doctor/clinician to discuss.

3. Are there alternatives?

In some situations, there may be other treatment choices besides blood or manufactured blood products transfusion. The doctor/clinician will discuss these with you as some choices are not suitable for everybody.

As blood transfusion is not risk free, other choices to a blood transfusion may be considered as well as ways of reducing the amount of blood used.

Alternatives include

- detecting and treating anaemia before planned surgery (e.g. diet or iron supplements)
- fluid replacement with saline or other artificial compounds
- medicines to minimise blood loss or stimulate blood cell production, including recombinant agents, such as erythropoietin (EPO)
- medical procedures to minimise blood loss
- collecting blood lost during your surgery and returning it to you; this may be done through **autologous (your own blood) product:**
  - cell salvage: the patient's blood is collected during surgery, cleaned and reinfused
  - reinfusion drain: a drainage device that acts as a collection and reinfusion system for post-operative blood salvage.

Despite these measures blood products may still be recommended as being appropriate for your/the patient's treatment.

4. What should I expect after the transfusion?

You/the patient will be closely monitored for any reactions and will be followed up to see if further blood or blood products are required.

5. Who will be performing the transfusion?

A doctor/clinician/nurse other than the consultant/specialist may assist with/conduct the clinically appropriate treatment. This could be a doctor/clinician/nurse undergoing further training, however all trainees are supervised according to relevant professional guidelines.

If you have any concerns about which doctor/clinician/nurse will be providing the treatment, please discuss with the doctor/clinician/nurse.

6. Where can I find support or more information?

Australian Red Cross Lifeblood: www.lifeblood.com.au/patients/receiving-a-transfusion.

Clinical Excellence Commission, New South Wales: www.cec.health.nsw.gov.au/keep-patients-safe/blood-watch/information-for-patients.

Staff are available to support patients' cultural and spiritual needs. If you would like cultural or spiritual support, please discuss with your doctor/clinician.

The Canberra Heart Clinic recognises that Aboriginal and Torres Strait Islander patients will experience the best clinical care when their culture is included during shared decision-making.

7. Questions

Please ask the doctor/clinician/nurse if you do not understand any aspect of this patient information sheet or if you have any questions about your/the patient's medical condition, treatment options and proposed treatment.

8. Contact us

In an emergency, call Triple Zero (000).
If it is not an emergency, but you have concerns, contact (1800 022 222), 24 hours a day, 7 days a week, or the clinic or hospital where you received your transfusion.