

Transfusion Consent: Fresh and/or Manufactured Blood Products
 Child/Young Person (under 18 years)
Refusal to Consent

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

IMPORTANT: In some circumstances, a refusal to consent to a blood transfusion may not mean that a child will not receive a blood transfusion.

In accordance with the *Transplantation and Anatomy Act 1978 (ACT)*, where the treating doctor considers a blood transfusion is necessary to preserve the life of the child, and a second opinion is obtained as required under the Act, the blood transfusion may proceed, despite the patient/parent/legal guardian/other person* refusing to give consent to the blood transfusion.

In addition, an application may be made to the court for a child to receive a blood/blood products transfusion in certain circumstances, despite the patient/parent/legal guardian/other person* refusing to give consent to the blood transfusion.

A. Does the patient have capacity?

Yes Although the patient is a child/young person, the patient may be capable of giving informed consent and having sufficient maturity, understanding and intelligence to enable them to fully understand the nature, consequences and risks of the proposed procedure/treatment and the consequences of non-treatment - 'Gillick competence' (*Gillick vs West Norfolk Area Health Authority [1986] 1AC 112*)
 → **GO TO section B**

No Parent/legal guardian/other person* with parental rights and responsibilities to provide consent and complete this form
 → **COMPLETE section A**

*Formal arrangements such as parenting/custody orders, adoption, or other formally recognised carer/guardianship arrangements. Refer to the Queensland Health 'Guide to Informed Decision-making in Health Care' and local policy and procedures. Complete the source of decision-making authority as applicable below.

If applicable, source of decision-making authority (*tick one*):

- Court order → Court order verified
 Legal guardian → Documentation verified
 Other person* → Documentation verified

Name of parent/legal guardian/other person*:

Relationship to child/young person:

B. Does the patient/parent/legal guardian/other person* need Interpreter/cultural services?

i. a) Is a language interpretation service required?

Yes No → **GO TO ii**

b) If yes, is a qualified Interpreter present?

Yes (complete section I) No

If *no*, please state reason:

ii. a) Is a cultural support person required?

Yes No → **GO TO section C**

b) If yes, is a cultural support person present?

Yes No

If *no*, please state reason:

C. Condition and treatment

The doctor/nurse practitioner has explained that I/my child have/has the following condition (doctor/nurse practitioner to document in patient's words):

For this condition, the doctor/nurse practitioner has recommended transfusion of fresh or manufactured blood and/or blood products.

Fresh blood products include intravenous infusion of fresh blood and/or blood products including red cells, platelets, plasma and cryoprecipitate products.

Manufactured blood products include albumin, clotting factor concentrates and immunoglobulins.

Other blood product(s):

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**D. Risks and complications of fresh and/or
manufactured blood products transfusion**

There are risks and complications with this procedure. They include but are not limited to the following.

Common risks and complications include:

- high temperature
- rash, itching and hives
- feeling a bit unwell.

Rare risks and complications include:

- having too much blood/fluids, making you/your child short of breath
- haemolysis, the abnormal breakdown of red blood cells
- the development of antibodies which may complicate future transfusions and/or organ or tissue transplants; if these complications develop in females they can potentially cause problems for all current and future unborn babies
- lung injury causing shortness of breath
- the spread of viral or other infectious germs from the blood of the donors.

Very rarely, these above reactions can cause severe harm or possibly death.

There are specific problems for long term multiple transfusions that may be relevant to your/your child's medical condition. The doctor will discuss these with you.

**E. Specific risks for you/your child in having fresh
and/or manufactured blood products transfusion**

*(Doctor/nurse practitioner to document in space provided.
Continue in medical record if necessary):*

**F. Risks of not having fresh and/or manufactured
blood products transfusion**

*(Doctor/nurse practitioner to document in space provided.
Continue in medical record if necessary):*

**G. Alternative procedure, treatment or
investigation options**

In some situations there may be other choices to blood or blood products transfusion and for you/your child.

Your/your child's doctor will discuss these with you as some choices are not suitable for everybody.

*(Doctor/nurse practitioner to document in space provided.
Continue in medical record if necessary):*

**H. Patient/parent/legal guardian/other person*
refusal to consent**

I acknowledge the doctor/nurse practitioner has explained to me:

- I/my child may not be able to receive the most appropriate intervention due to my refusal of a blood and blood products transfusion
- in certain circumstances, which have been explained, if applicable to me, a court application process to proceed may be commenced by the treating facility; I will be informed of this court application process
- that all medical and surgical interventions have their own risks and benefits and accordingly release the hospital, attending doctors, and hospital staff from any liability whatsoever for any damage, injury or death which may be caused to me/my child in any way arising as a direct result or connected with refusal to receive a blood transfusion, requests for alternatives and blood conservation strategies.

I understand:

- and accept the risks associated with this refusal may include permanent injury or possible death
- I may withdraw my refusal to consent to a blood transfusion at any time
- my refusal to consent to a blood transfusion will be reviewed if my/the child's circumstances change.

I acknowledge the doctor has:

- explained the medical condition and the reason why a blood transfusion(s) is required
- discussed the potential benefits, appropriate alternate treatment(s)
- given me an opportunity to ask questions and request further information related to blood transfusions
- discussed the possible consequences of refusing this treatment.

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Family name:

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Date of birth:

Sex: M F I

I have received the following information sheet(s):

Procedure: 'Transfusion consent: fresh and/or
manufactured blood products'

Other

-
-
-

On the basis of the above statements,

I, the patient/parent/legal guardian/other person*:

**Refuse to consent to the transfusion of fresh and/or
manufactured blood products**

**i. Child/young person (patient) refusal to consent
(Gillick competent)**

Name of child/young person (patient):

Signature of child/young person (patient):

Date:

OR

ii. Parent/legal guardian/other person* refusal to consent

Name of child/young person (patient) having the procedure:

I am not aware of any legal or other reason that prevents
me from providing refusal to consent for this child/young
person for this treatment (*not applicable if the child/young
person is Gillick competent and signs this form*).

Name of parent/legal guardian/other person*:

Relationship to child/young person:

Signature of parent/legal guardian/other person*:

Date:

I. Interpreter's statement

I have:

provided a sight translation

translated as per doctor/clinician explanation in:

Language:

(state the patient's/parent's/legal guardian's/other person's*
language here)

of this consent form and assisted in the provision of any
verbal and written information given to the patient/parent/
legal guardian/other person* by the doctor/clinician.

Name of child/young person (patient):

Language of patient/parent/legal guardian/other person*:

Name of Interpreter service:

Name of Interpreter:

Signature of Interpreter:

Date:

J. Doctor/nurse practitioner/delegate statement

Information for doctor/nurse practitioner/delegate:

The information contained within this form is not, intended to
be a substitute for direct communication between the doctor/
nurse practitioner/delegate and the patient/parent/legal
guardian/other person* regarding the medical procedure,
treatment or investigation described in this form.

I have explained the:

- reason for the blood transfusion and the nature of the
treatment
- expected benefits
- risks/side effects associated with blood transfusions
- appropriate alternate treatment(s)
- nature and effect of refusal to receive a blood transfusion(s)
and likely consequences of not having treatment.

I have explained to the patient/parent/legal guardian/other
person* all the content in this patient consent form and I am of
the opinion that the patient/parent/legal guardian/other
person* has understood the information.

Name of doctor/nurse practitioner/delegate:

Designation:

Signature:

Date:

Bibliography

ARCBS site: <https://transfusion.com.au>

NBA site: www.blood.gov.au

ANZSBT/RCNA 'Guidelines for the administration of blood products' 2nd edition,
2011: www.anzsbt.org.au/pages/anzsbt-guidelines.html

Transfusion consent: fresh and/or manufactured blood products

Child/young person (under 18 years) | Informed consent: patient information

This information sheet answers frequently asked questions about having a blood and/or a blood products transfusion, including, but not limited to, red blood cells, plasma and platelets. It has been developed to be used in discussion with your/your child's doctor or healthcare practitioner.

1. What is a blood transfusion and why is it needed?

A blood transfusion is a common medical procedure where blood is given directly into your/your child's bloodstream.

Blood transfusion is an important part of some treatments and limits the problems of 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.

2. 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 transfusions include:

Fresh blood products:

- Red blood cells contain haemoglobin which carries oxygen to the body's tissues and organs. The doctor 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 in emergencies to help stop bleeding.
- White blood cells help fight infection. Individuals with a critically low white blood cell count, who are at risk for overwhelming infections and are unresponsive to antibiotic therapy may benefit from this type of transfusion. White cell transfusions are only prescribed in highly specialised conditions.
- Cryoprecipitate is a concentrated solution of clotting factors extracted from plasma.

2. What are the different types of blood transfusion? (*continued*)

Manufactured (human plasma derived) blood products:

- 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.
- Specific immunoglobulins are used to protect us from particular antigens (e.g. tetanus, hepatitis, rhesus D), while intravenous or subcutaneous immunoglobulin (IVIg and SCIg) are used for replacement of antibodies or autoimmune conditions.

3. Where does the blood come from?

Fresh blood products are collected only from suitable volunteer donors by the Australian Red Cross Blood Service. 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 an imported product which has been sourced by qualified donors. In addition to safety testing, these products have undergone a number of pathogen inactivation steps.

4. What are the specific risks of fresh and/or manufactured blood products transfusion?

As with all medical procedures there can be risks and complications not limited to the following lists. You/your child will be closely watched for any reactions and will be followed up to see if another blood transfusion is needed.

4. What are the specific risks of fresh and/or manufactured blood products transfusion? (continued)

Common risks and complications include:

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

Rare risks and complications include:

- having too much blood/fluids giving you/your child shortness of breath
- 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 can 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, these above reactions can cause serious harm or possibly death.

5. What are the risks specific to me/my child?

There may also be risks specific to each person's individual condition and circumstances. Please discuss these with the doctor/clinician. These should be written on the consent form before you sign it.

6. What are the risks of not having fresh and/or manufactured blood products transfusion?

There may be consequences if you choose not to have the proposed transfusion. If you choose not to have the procedure, you will be required to sign for refusal or limited consent for blood transfusion(s).

7. Are there other choices rather than having a blood transfusion?

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)

7. Are there other choices rather than having a blood transfusion? (continued)

- 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 surgery and returning it; 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 postoperative blood salvage.

Despite these measures sometimes blood products will still be recommended.

8. How is the blood given?

Blood is given through a thin plastic tube (intravenous cannula/IV) inserted into a vein, usually in your/your child's arm or hand, and sometimes in a central line. A unit (pack) of blood usually takes 2 hours to give, but it can be given more slowly or faster if needed.

9. Checking the child's identity for safety

The nurses will confirm the child's identity by checking details with them if they are old enough, or with you, and checking this against the details on the child's hospital identification band. They will also check the paperwork that comes with the blood/blood products to ensure it matches the child's identity. The checking procedure is very important because if the wrong blood (meant for someone else) is given then this could cause serious medical problems. Staff will follow strict checking procedures before and during every transfusion. If your child is unwell during a transfusion it is important to tell the staff immediately.

10. Can I donate blood for my child?

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

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

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

12. Useful sources of information

Useful resources including those aimed at children can be found on the following websites:

- Australian Red Cross Blood Service:
<https://mytransfusion.com.au/having-a-transfusion>
- Clinical Excellence Commission, New South Wales:
www.cec.health.nsw.gov.au/patient-safety-programs/assurance-governance/blood-watch/information-for-patients

13. Questions to ask the doctor/healthcare professional

Please ask the doctor/healthcare professional if you do not understand any aspect of the information in this patient information sheet or any other information you have been given about the child's condition, treatment options and proposed procedure.

14. Contact us

In an emergency, always call 000.

If it's not an emergency but you have concerns, contact (1800 022 222). Qualified staff will give you advice on who to talk to and how quickly you should take any action. You can phone (1800 022 222) 24 hours a day, seven days a week.

Local contact details:

**Canberra Heart Clinic
Lidia Perin Medical Centre
Suite 1
12 Napier Close
Deakin ACT 2600**

(02) 6162 1886