

# Consent for Conditional Blood Product Transfusion

**When you sign this form, you give us limited permission, OR refuse permission, for a blood or blood product transfusion.**

- Please read this whole form.
- Ask about any part of this form you do not understand.
- Be sure you have your questions answered before you sign this form.

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## About Blood or Blood Product Transfusion

**My provider has told me about transfusion, and I understand:**

- What I am having done and why I need it.
- What can happen to me if I do not have a transfusion.
- The other choices I can make, including refusing to get a transfusion.
- No guarantee or assurance can be given about the results of the transfusion.
- I can change my mind about having the transfusion.
- If I have any questions, I can talk to my provider about them.

## Benefits

I understand a blood transfusion can help my condition. My provider expects the transfusion will help my blood levels return closer 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 cryoprecipitate, the transfusion is expected to help my blood clot more normally, lowering my chances for abnormal bleeding or clotting.

## Risks

I understand that transfusion (limited or unlimited) involves risks. My provider has talked to me about the risks of transfusion.

- Blood products are tested and matched to my blood to lower the chances for any serious

reactions.

- Some patients have a reaction to blood products. Usually, these symptoms aren't serious and can be treated with medicine. Common symptoms of a reaction can include fever, chills, hives, itching and shortness of breath.
- There is a small chance I could have a rare but serious kind of reaction called a hemolytic transfusion reaction. This could lead to a life-long health condition, like kidney or lung problems, or death.
- 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 donated blood product. This type of reaction can lead to life-long health problems, like needing oxygen, fluids, support with a breathing machine or death.
- Blood Donation Centers use safe practices to choose donors and to collect and test blood. Even though the blood bank uses safe practices, there is a very small risk of getting an infection from transfusions. This can lead to a bacterial or viral infection such as hepatitis C, hepatitis B, HIV, malaria or other infectious-type illnesses.

## **Alternatives**

There are other choices besides getting a blood transfusion. These choices include:

- Refusing (saying no to) blood transfusion
- Infusion with non-blood products, like vitamins and minerals, 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 not having enough blood
- In certain cases, collection and transfusion of my own blood (cell salvage)

## **When I refuse some products**

- I have reviewed all information provided.
- I have had a chance to review the CDC Blood Safety Basics information.
- I understand that if I refuse a blood transfusion, my condition could get worse 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.
- If I refuse a transfusion of platelets, plasma or cryoprecipitate, this could cause serious bleeding or clotting, which might lead to heart attack, stroke, injury to organs or death.
- My choice to accept or refuse the products listed above will be enforced until I clearly state otherwise.

- My choice to accept or refuse the products listed below will be enforced even if I am unconscious or unable to express my wishes due to medicine or illness.
- My choice to accept or refuse the products listed below cannot be changed by another person unless I have told the hospital in writing that the person has the authority to make decisions for me.
- I understand that my choice to accept or refuse the products listed below will be respected by all healthcare providers who treat me.

### My Proposed Treatment Plan

After talking to my health care provider, I accept (say yes) or refuse (say no) the following blood products:

#### Major Blood Components from Other Blood Donors:

- |                     |                              |                             |
|---------------------|------------------------------|-----------------------------|
| • Red blood cells   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • White blood cells | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Platelets         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Plasma            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

#### Other Blood Derived Products from Other Blood Donors:

- |                                   |                              |                             |
|-----------------------------------|------------------------------|-----------------------------|
| • Cryoprecipitate                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Prothrombin complex concentrate | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Coagulation factor concentrates | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Albumin                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Immune globulins                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

#### Synthetic Products

- |                                   |                              |                             |
|-----------------------------------|------------------------------|-----------------------------|
| • Recombinant coagulation factors | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Recombinant erythropoietin      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

#### Cow Blood Products

- |            |                              |                             |
|------------|------------------------------|-----------------------------|
| • Hemopure | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------|------------------------------|-----------------------------|

#### Using my own Blood:

- |                                       |                              |                             |
|---------------------------------------|------------------------------|-----------------------------|
| • Autologous transfusion (cell saver) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Hemodilution                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Apheresis                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Heart-lung machine                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Dialysis                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Platelet gel                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Epidural blood patch                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Labeled or tagged blood             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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## For Patient and Witness to Sign

I agree to the use of the products or processes checked “Yes” on this form. I refuse the use of the products or processes checked “No”.

- I understand all benefits, alternatives, risks and complications of products I can receive.
- I understand I don’t have to give my permission if I don’t want to.
- I understand that I am declining some or all blood products, even if, in the opinion of my healthcare provider, they are necessary to save my life and/or avoid damage to my tissues, organs, or bodily functions.
- I have no questions, or my questions have been answered.

### ☐ In-Person Consent

|  |           |       |       |
|--|-----------|-------|-------|
| _____  | _____     | _____ | _____ |
| Name of Patient or Legal Representative (say relationship) | Signature | Date  | Time  |
| _____  | _____     | _____ | _____ |
| Name of Witness  | Signature | Date  | Time  |

### ☐ Telephone Consent

|  |                       |       |       |
|--|-----------------------|-------|-------|
| _____  | <u>Not applicable</u> |       |       |
| Name of Patient or Legal Representative (say relationship) | Signature             |       |       |
| _____  | _____                 | _____ | _____ |
| Name of Witness  | Signature             | Date  | Time  |

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## For Provider to Sign

I have answered all questions. When possible, I have used teach-back to assess understanding and encourage patient participation. I have discussed the above with the patient or legal representative, including:

- Risks, complications, benefits and alternatives
- Risks to not receiving blood products

- The option to not consent
- Any research or economic interest I may have

For Limited English Proficient patients only:

- ☐ I explained this document to the patient or legal representative in their primary language, \_\_\_\_\_.
- ☐ My explanation of this document was interpreted in the patient or legal representative's primary language (see interpreter section below).

|                  |           |       |       |
|------------------|-----------|-------|-------|
| _____            | _____     | _____ | _____ |
| Name of Provider | Signature | Date  | Time  |

### For Interpreter to Sign

I have interpreted the provider's explanation of this document to the patient or legal representative, in their primary language, \_\_\_\_\_.

- ☐ Face-to-face

|                  |           |       |       |
|------------------|-----------|-------|-------|
| _____            | _____     | _____ | _____ |
| Interpreter Name | Signature | Date  | Time  |

- ☐ Video

|                  |       |       |
|------------------|-------|-------|
| _____            | _____ | _____ |
| Interpreter ID # | Date  | Time  |

- ☐ Phone

|                  |       |       |
|------------------|-------|-------|
| _____            | _____ | _____ |
| Interpreter ID # | Date  | Time  |