



**Queensland
 Government**

Fresh Blood and Blood Products Transfusion 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**

- i. a) Is the patient aged under 18 years?
 Yes (document parent / guardian name below)
 No → **GO TO ii**

You must adhere to the Advance Health Directive (AHD) or the consent obtained from a substitute decision-maker.

- ii. a) Does the patient have an AHD that is applicable to the procedure, treatment or investigation?
 Yes
 No → **GO TO iii**
 b) If yes, has the AHD been sighted and a copy in the medical record?
 Yes
 No → **GO TO iii**

- iii. a) Substitute decision-maker (select one only):
 Attorney(s) for health matters under an Enduring Power of Attorney or AHD
 Tribunal-appointed guardian
 Statutory Health Attorney
 If none of these, the Office of the Public Guardian must provide consent (ph: 1300 653 187)

Name of substitute decision-maker(s) or parent / guardian:

Signature of substitute decision-maker(s) or parent / guardian:

Relationship to the patient (e.g. substitute decision-maker or parent / guardian)

Date: Phone number:

B. Does the patient 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
 N/A
 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
 N/A

C. Condition and treatment

Your doctor / clinician has recommended that you have a transfusion of fresh blood or blood products, which are from volunteer donors. Blood is collected and screened by the Australian Red Cross Service.

- A transfusion is necessary to replace a part of your blood and is given to either:
- replace red blood cells to treat or prevent anaemia, improve oxygen transport and relieve symptoms of dizziness, tiredness or shortness of breath; *or*
 - to give you platelets to help stop or prevent bleeding; *or*
 - to give a fresh plasma product to stop, treat or prevent bleeding.

Transfusions are given via cannula (thin plastic tube) or via a central line into your vein. During your transfusion you will be closely watched for any possible reactions. You will also be regularly checked as to whether you may need another blood transfusion.

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

This condition requires a Fresh Blood and Blood Products Transfusion:

- Red cells
 Platelets
 Plasma
 Cryoprecipitate
 Cryo-depleted plasma

Frequency of the treatments (doctor / clinician can specify that the frequency may vary during the course of treatment):

Start date of transfusion (e.g. 10/01/2016)

Approximate end date of transfusion (e.g. 20/06/2016)

A new consent is required after 12 months from start of transfusion. This consent primarily includes intravenous or central venous line infusion of fresh blood and blood products, red cells, platelets and plasma (e.g. fresh frozen plasma and cryoprecipitate).

D. Risks and complications of Blood and Blood Products Transfusion

There are risks and complications with Fresh Blood and Blood Products Transfusion. 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, giving you shortness 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 women 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 medical condition. Your doctor / clinician will discuss these with you.

DO NOT WRITE IN THIS BINDING MARGIN



FRESH BLOOD AND BLOOD PRODUCTS TRANSFUSION CONSENT



Fresh Blood and Blood Products Transfusion Consent

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

E. Specific risks for you in having a Fresh Blood and Blood Products Transfusion

(Doctor / Clinician to document in space provided. Continue in Medical Record if necessary)

F. Risks of not having a Fresh Blood and Blood Products Transfusion

(Doctor / Clinician 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 a blood transfusion and these include:

- fluid replacement with saline or other artificial compounds and / or iron supplements.

Your doctor / clinician will discuss these with you as some choices are not suitable for everybody. (Doctor / Clinician to document in space provided. Continue in Medical Record if necessary)

H. Patient / Substitute decision-maker consent

I acknowledge the doctor / clinician has explained:

- my / the patient's medical condition and the proposed transfusion, including additional treatment if the doctor / clinician finds something unexpected. I understand the risks and benefits, including the risks specific to me;
- my / the patient's alternative transfusion options and their associated risks;
- my / the patient's prognosis and the risks of not having the transfusion;
- no guarantee has been made that the transfusion will improve my / the patient's condition even though it has been carried out with due professional care;
- if an immediate life-threatening event happens during my / the patient's transfusion, I / the patient will be treated based on my discussions with the doctor / clinician or *Acute Resuscitation Plan*;
- I / the patient was able to ask questions and raise concerns with the doctor / clinician about my condition, the proposed transfusion and its risks, and my treatment options. My questions and concerns have been discussed and answered to my satisfaction;
- I / the patient understand I have the right to change my mind at any time, including after I have signed this form but, preferably following a discussion with a doctor / clinician;
- I / the patient understand that image(s) or video(s) footage may be recorded as part of and during my transfusion and that these image(s) or video(s) will assist the doctor / clinician to provide appropriate treatment.

I have received the following information sheet(s):

- 'Fresh Blood and Blood Products Transfusion'

On the basis of the above statements,

I consent to have a Fresh Blood and Blood Products Transfusion.

Name of patient:

Signature:

Date:

I consent to:

Name of patient having a **Fresh Blood and Blood Products Transfusion:**

Name of substitute decision-maker:

Signature:

Date:

I. Interpreter's statement

I have:

- Provided a sight translation
 Translated as per clinician explanation in:

Patient's language:

of this consent form and assisted in the provision of any verbal and written information given to the patient / substitute decision-maker by the doctor / clinician.

Name of patient:

Language of patient:

Name of Interpreter service:

Name of Interpreter:

Interpreter's signature:

Date:

J. Doctor / Clinician / Delegate statement

Information for doctor / clinician / delegate:

The information contained within this form is not, and is not intended to be, a substitute for direct communication between the doctor / clinician / delegate and the patient / substitute decision-maker regarding the medical procedure, treatment or investigation described in this form.

I have explained to the patient all the content in this patient consent form and I am of the opinion that the patient / substitute decision-maker has understood the information.

Name of doctor / clinician / delegate:

Designation:

Signature:

Date:



Give this patient information sheet to the patient or substitute decision-maker(s) to read carefully and allow time to ask any questions about the procedure.

1. What is a fresh blood or blood products transfusion and how will it help me?

Your doctor has recommended that you have a transfusion of fresh blood or blood products, which are from volunteer donors. Blood is collected and screened by the Australian Red Cross Blood Service.

A transfusion is necessary to replace a part of your blood.

A transfusion is given to either:

- replace red blood cells to treat or prevent anaemia, improve oxygen transport and relieve symptoms of dizziness, tiredness or shortness of breath; or
• to give you platelets to help stop or prevent bleeding; or
• to give a fresh plasma product to stop, treat or prevent bleeding.

Transfusions are given via cannula (thin plastic tube) or a central line into your vein. You will be closely watched for any reactions. You will also be regularly checked as to whether you need another blood transfusion.

2. What are the specific risks of a fresh blood or 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, giving you shortness 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 women 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.

3. What are the risks specific to me?

There may also be risks specific to your individual condition and circumstances. Please discuss these with your doctor and ensure they are written on the consent form before you sign it.

4. What are the risks of not having the fresh blood or blood products transfusion?

There may be consequences if you choose not to have the proposed transfusion. Please discuss these with your doctor.

If you choose not to have the procedure you will not be required to sign a consent form.

5. What are other relevant treatment options that you may have?

In some situations there may be other choices to a blood transfusion and these include:

- fluid replacement with saline or other artificial compounds and/or iron supplements.

Please discuss these options with your doctor as they are not suitable for everybody.

6. Useful sources of information

A general guide to blood transfusion – information for patients and families:

Australian Red Cross Blood Service
http://www.mytransfusion.com.au

Please note that patient information is available in English and other languages.
http://www.cec.health.nsw.gov.au

7. Questions to ask my doctor/clinician

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

Empty box with horizontal lines for writing questions.