

Blood and/or Manufactured Blood Products Transfusion

Informed consent: patient information



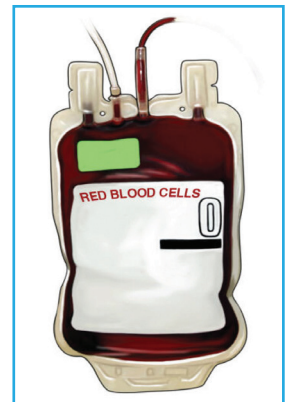
1. What is a blood and/or manufactured blood products transfusion and how will it help me?

A blood transfusion is a medical treatment where blood or blood products are given directly into your bloodstream.

A blood or blood products transfusion can be used during a surgical procedure where you experience excessive, rapid blood loss or develop severe anaemia that compromises your body's oxygen delivery.

Image: Blood transfusion bag.

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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. Your 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 SClg) 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/clinician.

Blood and blood products are given through an intravenous (I.V.) cannula (a small plastic tube) that is inserted into a vein, usually in your hand or arm, and sometimes via a central line (which is a long-term I.V. 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

Your doctor/clinician will confirm your identity by checking details with you and checking this against the details on your 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 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 feel unwell during a transfusion it is important to tell the staff immediately.

Can relatives donate blood for you?

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 are risks and possible complications associated with a blood transfusion. Your doctor/clinician will discuss any risks, specific to your individual condition and circumstances, with you.

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?

The main risk of refusing or not receiving a necessary blood transfusion during surgery is severe anaemia (where the body does not have enough red blood cells or haemoglobin, a protein found in red blood cells), which causes a dangerous lack of oxygen delivered to vital organs. This can lead to organ damage (e.g. heart or brain), shock, and in cases of extreme blood loss, life-threatening complications or loss of life. Your doctor/clinician will discuss the likelihood of a blood transfusion.

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 a blood or manufactured blood products transfusion. Your doctor/clinician will discuss these with you, as some choices are not suitable for everybody.

As blood transfusion is not risk free, other choices may be considered, including 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; your 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 treatment.



4. What should I expect after the transfusion?

You 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 other than the consultant/specialist may assist with/conduct your treatment. This could include a registered doctor/clinician who is undergoing further training. All trainees are supervised according to relevant professional guidelines.

If you have any concerns about which doctor/clinician will be performing your treatment, please discuss this with your doctor/clinician.



6. Where can I find support or more information?

For information about going to hospital and your rights as a patient, visit www.qld.gov.au/health/services/hospital-care/going-to-hospital

Queensland Health respects the privacy of patients and their families. To learn more about health records and personal information, visit our website www.health.qld.gov.au/systemgovernance/records-privacy/health-personal

For a list of blood-thinning medications, visit www.health.qld.gov.au/consent/bloodthinner

For further information about blood and blood product transfusions, visit:

- Australian Red Cross Lifeblood: www.lifeblood.com.au/patients-recipients
- Clinical Excellence Commission, New South Wales: cec.health.nsw.gov.au/keep-patients-safe/blood-watch

Further information about informed consent, including additional statewide consent forms and patient information sheets, can be found on the Informed Consent website www.health.qld.gov.au/consent

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

Queensland Health recognises that First Nations Peoples' culture must be considered in the patient's clinical care to ensure their holistic health and individual needs are met.

7. Questions

Please ask your doctor/clinician if you do not understand any aspect of this patient information sheet, or if you have any questions about your proposed treatment.

8. Contact us

In an emergency, call Triple Zero (000).

If it is not an emergency but you have concerns, contact 13 HEALTH (13 43 25 84), 24 hours a day, 7 days a week.

Privacy disclaimer

Queensland Health is collecting your personal information, including sensitive information, to provide healthcare services and manage your treatment. Your information will be handled in accordance with the *Information Privacy Act 2009* (Qld). For more details, please refer to the Queensland Health Queensland Privacy Principles Policy at: www.health.qld.gov.au/system-governance/records-privacy/queensland-health-privacy-policy