



CONSENTSGL

PATIENT NAME: _____

DIAGNOSIS/CONDITION: _____

DATE OF TREATMENT/PROCEDURE: _____

I hereby authorize _____ (Practitioner) and/or such assistants as may be selected by him/her to perform a transfusion of various blood components or derivatives.

_____ (Practitioner) has discussed with me in general what a blood transfusion is, the procedure that will be used, and the following reasons and benefits of receiving a transfusion, and the probability of its success. I also understand the material risks, as explained to me, include organ damage from inadequate oxygen (such as a heart attack or stroke), inability to control bleeding, and sometimes even death.

In addition, general alternatives to blood transfusion, their risks, benefits and side effects as well as the results of declining alternative therapies or the recommended transfusion have been discussed with me. Alternatives to donor blood have been explained to me.

I have indicated below my intentions to undergo these alternatives, or not at this time.

RISKS OF PROPOSED BLOOD TRANSFUSION

This authorization is given with the understanding that any transfusion of blood or blood products involves risks. These risks include serious reactions (allergic and other reactions, including headaches, itching, rash, hives, nausea, transient fever, or chills), damage to my own blood cells, volume overload which could affect heart and lungs, infections such as hepatitis and AIDS, and other organisms. These risks can be serious and possibly may result in death.

I understand these risks exist despite the fact that the blood has been carefully tested. I am aware that the practice of medicine and surgery is not an exact science, and I acknowledge that no guarantees have been made to me concerning the results of the blood transfusion. I understand that the proposed transfusion may not improve my condition and may, in fact, worsen it.

ADDITIONAL PROCEDURES

I understand that other problems/conditions may develop in the course of the blood transfusion that cannot be reasonably foreseen. It is also possible that my physician may discover a different, unsuspected condition at the time of the transfusion. I authorize the above named physicians, his/her assistants or designees as indicated in the chart below, to perform such unforeseen procedure(s) that are necessary according to their best medical judgment.

ASSISTANTS

I understand that some aspects or important tasks of this blood transfusion or any other treatment necessary during the course of this transfusion may be performed by healthcare providers who are not physicians, including but not limited to residents, other than the primary practitioner identified in this consent. I understand that the care provided by these providers will be within the scope of their practice and will be performed in accordance with the hospital's policies and, in the case of residents, under the supervision of their responsible practitioner.

SPECIAL INSTRUCTIONS

(Describe instructions, e.g., use of cell saver, pre-donation made, etc.) or Patient Declines Alternatives.
(Check if applicable _____)

Signature of Practitioner who conducted the informed consent discussion Date: _____ Time: _____

PATIENT CONSENT

My doctor has fully explained the procedure in words I understand, and I understand that no guarantees have been made to me regarding the results of this treatment/procedure and that it may or may not improve my condition. I have had sufficient opportunity to discuss my condition and treatment with my physicians and/or their associates, and all of my questions have been answered to my satisfaction. I believe that I have been given sufficient information and adequate knowledge upon which to make an informed decision about undergoing the proposed blood transfusion. I have read and fully understand this form and I voluntarily authorize and consent to this blood transfusion.

DO NOT SIGN UNLESS YOU HAVE READ AND THOROUGHLY UNDERSTAND THIS FORM.

Signature of Patient or Legal Guardian Date: _____ Time: _____

SIGN HERE IF REFUSING BLOOD TRANSFUSION:

Signature of Patient or Legal Guardian Date: _____ Time: _____

Blood Transfusion

This is information for individuals who may need to receive a transfusion of blood or of blood products, such as plasma or platelets.

You may need to give consent for transfusion of blood or blood products, either for yourself or for a member of your family. Blood transfusion is an important (and often life-saving) therapy. It does have some risks, and you need to know what they are.

Volunteer donors of blood or blood components are very carefully screened and the blood is carefully tested. However, it is possible for a very rare donation to pass through this process and infect the person who receives the blood. This risk is approximately 1 in 2,000,000 blood donations for passing the AIDS virus, 1 in 1,100,000 for passing Hepatitis C and 1 in 137,000 for Hepatitis B. Most everyone is aware of the effects of the AIDS virus, but the effects of a hepatitis virus can be a long-term illness, leading to cirrhosis (scarring) of the liver and even death. Other infectious agents can be transmitted by blood donation. These are much more rare than hepatitis and AIDS. The consequence of infection usually is less severe. These agents include malaria, bacterial infection, and some viruses. It is difficult to state a specific risk for these agents, but it is very low.

Transfusion reactions due to an allergy to the blood proteins or white blood cells can cause acute symptoms. These include fever and rash. These symptoms are easily treated, should they occur, and should not be of serious concern.

These are the most common reactions to blood transfusions.

Serious transfusion reactions (called hemolytic reactions) are potentially quite dangerous and could result in death. Such reactions are rare, occurring in about 1 in 77,000 transfusions. Symptoms include fever, low back pain, chills, chest pain.

This list is not all-inclusive but does note the significant possible problems that can be caused by transfusions.

Alternative to Transfusions

Discuss all of these options with your doctor!

1. No transfusion.

This may seriously affect your health or could lead to death.

2. Auto transfusion by donation prior to elective surgery.

Auto transfusion means that you donate blood before your scheduled surgery, which is then given back to you during the surgery. There are some slight risks, so the blood is not given back unless it is truly needed. Medicare and some other insurance plans may not pay for the extra expense of this alternative, especially if the blood is not given back to you.

3. Directed donation.

Directed donation is when you ask someone close to you (usually a relative or friend) to donate blood for you if you cannot donate for yourself. The safety of blood from directed donors is about the same as blood donated by volunteers from the general public. There are pros and cons regarding this type of donation. It does require a physician order and written approval of the donors by the patient or guardian.

PROS

- A. This works well for parents who would like to donate for their sick newborn or child with an elective operation that will require blood.
- B. It helps maintain the blood supply.
- C. Sometimes these donors go on to be regular blood donors.

CONS

- A. The donation is not truly voluntary, and the donor may feel forced to donate.
- B. It takes 3 days for processing and the blood is not available on the weekends.
- C. If the donor is a blood relative, the unit must be irradiated for medical-genetic reasons that are quite complex.
- D. There are significant additional cost and charges for this procedure, some of which are not paid by Medicare, Medicaid or medical insurance.

Autologous and Directed Donations must be arranged by calling Specialized Donations at Bonfils Blood Center at 303-363-2330.

Hours of Operation: Monday thru Friday 8:00 am – 4:30 pm

Collections are performed at Bonfils Lowry location only 717 Yosemite Street, Denver

In spite of some potential risks, the transfusion of blood products is a relatively safe and often a very necessary form of medical treatment. If your doctor recommends it, you should have little reluctance in accepting it.