Littleton Adventist Hospital

Centura Health.

Patient Bar Code ID Label

Informed Consent For Blood Transfusion Page 1 of 1 Form# NS129L rev. 01/10



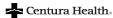
CONSENTSGL

Signature of Patient or Legal Guardian

CONSENTSGL				
PATIENT NAME:				
DIAGNOSIS/CONDITION:				
DATE OF TREATMENT/PROCEDURE:				
I hereby authorize	(Practitioner) and/or s	uch assistants as	may be selected by him/her to	o perform a
transfusion of various blood components of	or derivatives.			
be used, and the following reasons and be material risks, as explained to me, include bleeding, and sometimes even death.	tioner) has discussed with me in g penefits of receiving a transfusion organ damage from inadequate o	, and the probab	pility of its success. I also und	erstand the
In addition, general alternatives to blood to therapies or the recommended transfusion	ransfusion, their risks, benefits an n have been discussed with me. A	d side effects as Iternatives to do	well as the results of declining nor blood have been explained	j alternative l to me.
I have indicated below my intentions to un	ndergo these alternatives, or not a	t this time.		
RISKS OF PROPOSED BLOOD TRANSF This authorization is given with the unders serious reactions (allergic and other reacti my own blood cells, volume overload whice These risks can be serious and possibly m	standing that any transfusion of b ions, including headaches, itching ch could affect heart and lungs, in	, rash, hives, na	usea, transient fever, or chills),	damage to
I understand these risks exist despite the surgery is not an exact science, and I actransfusion. I understand that the propose	knowledge that no guarantees ha	ıve been made t	o me concerning the results o	edicine and of the blood
ADDITIONAL PROCEDURES I understand that other problems/conditio is also possible that my physician may dis named physicians, his/her assistants or d necessary according to their best medical	cover a different, unsuspected co lesignees as indicated in the char	ndition at the tim	ne of the transfusion. I authorize	e the above
ASSISTANTS I understand that some aspects or importation transfusion may be performed by healthd primary practitioner identified in this conspractice and will be performed in accordates responsible practitioner.	are providers who are not physic ent. I understand that the care pr	ians, including b ovided by these	ut not limited to residents, oth providers will be within the so	ner than the ope of their
SPECIAL INSTRUCTIONS (Describe instructions, e.g., use of cell sav (Check if applicable)	ver, pre-donation made, etc.) or Pa	atient Declines Al	ternatives.	
Signature of Practitioner who conducted the	he informed consent discussion	Date:	Time:	
PATIENT CONSENT My doctor has fully explained the procedure the results of this treatment/procedure and condition and treatment with my physician believe that I have been given sufficient info the proposed blood transfusion. I have read	e in words I understand, and I under I that it may or may not improve m Ins and/or their associates, and all	y condition. I hav	ve had sufficient opportunity to have been answered to my sa	discuss my atisfaction. I
DO NOT SIGN UNLES	SS YOU HAVE READ AND THOR	OUGHLY UNDE	RSTAND THIS FORM.	
O'			Time:	
Signature of Patient or Legal Guardian				
SIGN HERE IF REFUSING BLOOD TRAN	ISFUSION:			

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 lifesaving) 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.