

Frequently Asked Questions About Informed Consent for Blood Products

1. What is the purpose of obtaining consent for transfusion of blood components?

This consent provides a structure for a patient to make an informed choice regarding the indications, risks, possible alternatives and benefits of a blood transfusion. It permits the patient to participate more fully in treatment decisions. Informed consent for the transfusion of blood components is required by TJC. Consent is required for all blood components - red cells, plasma, platelets, cryoprecipitate.

2. What form do I use to document consent?

Consent for transfusion must be documented on the Request and Consent for Operation or Procedure. The description for the operation or procedure should read Blood Transfusion.

3. Who is responsible for obtaining consent?

The patient's physician is responsible for discussing the risks and benefits of blood transfusion and for obtaining consent or documenting refusal on the consent form.

4. When should consent be obtained?

Consent for transfusion should be obtained as soon as possible if a transfusion is contemplated. This permits appropriate patients to have ample time for arranging alternatives strategies such as autologous blood donation or the use of erythropoietin.

5. Is consent required before each transfusion?

No. Consent is required the first time that a transfusion is required for a patient in the medical center. For an inpatient, a consent form is valid for one admission. In an outpatient setting, the consent form is valid for the duration of the planned treatment up to one year after signature. An outpatient consent for blood is not valid for an inpatient admission. Completed consent forms are placed in the medical record. It may be prudent to routinely renew all consents after the first of each year.

6. Do I need a consent for transfusion if the patient already has a signed consent form in their chart?

If the patient has a signed consent for a specific operation or procedure and now requires blood because of the operation or procedure, a new consent specifically for blood is not required. If the patient develops a new condition that requires blood, then a consent for blood is required.

7. Who is responsible for insuring that consent has been obtained?

Whenever a transfusion is requested, the nurse or physician responsible for administering the transfusion is also responsible for insuring that a signed consent form is present in the medical record prior to initiating the transfusion. If the consent form is absent, the nurse should inform the physician that consent must be obtained.

8. What if a transfusion is required in an emergency?

In the absence of a written consent, transfusion should not be withheld in an emergency. A note should be placed in the medical record progress notes documenting the circumstances requiring the transfusion. See Consent for Emergency Surgical and/or Medical Treatment policy in the UNC Hospitals Policy Manual.

9. Where can I obtain information and assistance for questions regarding transfusion?

Residents, fellows and Attendings on the Transfusion Medicine Service are available at all times for consultation. Call 919-966-4011 for assistance. Information regarding the risk of transfusion is available on the TMS web page.

10. What if the patient refuses to consent to a blood transfusion?

Some patients may refuse blood transfusion (such as a Jehovah's Witness) even in emergency situations. It is important to honor such requests as stated in the Blood and Blood Products Policy in the UNC Hospitals Policy Manual.