

**BLOOD TRANSFUSION INFORMATION SHEET**

CDH 21-12-Info Rev. 1/17

Blood transfusions can be lifesaving therapy for patients with a variety of medical and surgical conditions. Current practice is not to transfuse patients with whole blood, but to transfuse them with the specific blood component they need. Component therapy provides more specific treatment for patients, and conserves blood resources.

**Sources of Blood:**

Blood used for transfusion is obtained from carefully screened volunteer donors. No one is paid for donating blood. Currently, there is no safe and effective substitute for blood (artificial blood).

**Indications for Transfusion:**

The most commonly transfused blood components and their indications are listed below:

<u>Blood Component</u>	<u>Indications for Transfusion</u>
Red Blood Cells (RBCs)	Increase oxygen-carrying capacity in anemic patients.
Platelets	Control or prevent bleeding associated with deficiencies in platelet number or function.
Plasma	Control or prevent bleeding associated with deficiencies of plasma clotting factors.

**Transfusion Procedure:**

The amount and specific blood component you will receive is determined by your physician based on your particular need. A blood specimen may be required to perform pretransfusion testing. Your physician may order medications to be administered prior to transfusion to reduce the likelihood of minor reactions. Blood products are transfused into a vein, commonly in the arm, using sterile, disposable equipment. The transfusion procedure is carried out by trained and qualified personnel who will monitor you for adverse reactions during the transfusion procedure.

**Risks of Transfusion:**

Blood transfusion is a common procedure of low risk, but adverse reactions can occur. Most reactions are minor and temporary. The most common complication of a blood transfusion includes a fever, chills and minor allergic reactions. However, on rare occasions, serious and sometimes fatal reactions may occur. Current published risks for the more common non-infectious complications of transfusion are listed below:

<b>Reaction Category</b>	<b>Estimated Risk per Unit Transfused</b>
<b>Minor Reactions</b>	
Bruising, swelling, or local reaction at transfusion site	Not uncommon (no published risk estimate)
Febrile non-hemolytic (headache, fever, and/or chills)	1:25 -1:100
Allergic (localized hives or mild skin rash)	1:25 -1:100
<b>Major Reactions</b>	
Delayed hemolytic	1:1,500
Transfusion-related acute lung injury (TRALI)	1:5,000
Fatal hemolytic	1:100,000
Anaphylaxis	1:150,000
Pulmonary Edema (TACO)	<1%

**Blood Transfusion  
Information Sheet**

In addition, some infectious diseases can be transmitted by blood transfusion. The risk of acquiring an infectious disease from transfused blood is low. Blood donors and some blood components are tested as required by state and federal regulations to keep potentially infectious blood products from entering the blood supply. However, these tests are not foolproof and some risk of disease transmission exists. Current published risks for the more common infectious disease complications are listed below:

<b>Infectious Agent or Outcome</b>	<b>Estimated Risk per Unit Transfused</b>
Human Immunodeficiency Virus (HIV 1/2)	1:1,900,000
Hepatitis C Virus (HCV)	1:1,600,000
Human T-Cell Lymphotropic Virus (HTLV I/II)	1:641,000
Hepatitis B Virus (HBV)	1:63,000
Syphilis	No new transfusion-transmitted cases reported in > 30 years
West Nile Virus (WNV)	Rare breakthrough transmissions may occur despite WNV screening by Nucleic Acid Testing
Bacterial Contamination of Blood Components:	
Platelets Pheresis	1:2,000 (1:13,400 result in clinical sepsis)
Pooled Random Donor Platelets (6 units/pool)	1:2,000 (1:2,500 result in clinical sepsis)
Red Blood Cells	1:1,000 (1:10,000,000 result in fatal sepsis)

**Transfusion Alternatives:**

Blood volume expanders may be used in place of blood transfusions in some clinical situations. However, in cases where decreased tissue oxygen levels may cause organ failure, or uncontrolled bleeding is present, transfusion of blood components may be required to preserve life. Only your physician is qualified to make these clinical judgments.

Alternative sources of blood components are:

Autologous Donation: This is donating one's own blood in advance for elective medical procedures. Although this eliminates the risk of infectious disease transmission, autologous transfusion still carries the risk of febrile reactions and bacterial contamination. Previously donated autologous blood may not always be available in adequate amounts to meet a patient's transfusion needs.

Directed Donation: In some cases, blood donations from specific donors (e.g., friends or relatives) can be arranged. Transfusions from such donors are no safer than blood from the volunteer blood supply. Designated units may not always be available in adequate amounts to meet a patient's transfusion needs. Blood related directed donations must be irradiated.

Cooley Dickinson Hospital  
**BLOOD TRANSFUSION CONSENT**



CDH 21-12 Rev. 1/17

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I understand the potential need for the administration of a transfusion(s) of blood and/or one or more of its components.

I understand the risks of accepting blood and blood products. The most common complications include a fever, chills and minor allergic reactions. Rarely, serious complications may occur, including anemia caused by the destruction of incompatible red blood cells, high blood pressure, heart failure caused by excessive fluid in the body, shortness of breath, low blood pressure, shock, kidney failure, lung injury and

I understand what has been explained to me and confirm that I have sufficient information to give this informed consent and all my questions have been answered to my satisfaction.

I consent to the administration of blood and/or blood products if it becomes, in the judgment of my medical care providers, medically necessary during my hospital stay.

☐ I understand that the procedure(s)/treatment(s) listed above is expected to be repeated. I acknowledge that this Consent will serve as my consent for those repeated procedures/treatments. This Consent for those repeated procedures/treatment (s) will be valid for one year unless treatment is discontinued and then resumed, there is a change in the reason for the procedures/treatment or how it is administered, my condition changes, or additional risks or benefits associated with the procedure(s)/treatment(s) becomes known.

☐ I consent to transfusion of non-conforming blood products as the potential harm in not receiving a transfusion outweigh the potential risk. I understand that the transfusion of non-conforming blood product may pose significant risk of death or harm.

I acknowledge that among other risks, there may be a risk of transfusion reaction and transmission of infectious diseases. 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 proposed treatment. The benefits, risks, and alternatives of transfusion have been explained to me and I consent to the administration of blood. My consent is valid for the treatment of my current condition, unless I withdraw my consent.

Dr. \_\_\_\_\_ has provided me with the Blood Transfusion Information Sheet, and my questions have been answered to my satisfaction. I consent to the administration of all blood and blood components during this hospital stay, as necessary in my treatment in the judgment of my attending physician, his/her associates or assistants, or other treating medical persons. The benefits and alternate forms of treatment, if any, have been explained to me, as well as the possible risks and adverse consequences that are or may be associated with the administration of blood and blood components

\_\_\_\_\_  
Signature of Patient      \_\_\_\_\_  
Print Name      \_\_\_\_\_  
Date      \_\_\_\_\_  
Time      \_\_\_\_\_ am / pm

I have explained the procedure, alternative therapies, risks, benefits, possible complications and expected recuperation and answered all questions to the patient's/authorized agent's satisfaction.

\_\_\_\_\_  
Signature of Physician (if applicable)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
am / pm

\_\_\_\_\_  
Witness to signature (if applicable)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
am / pm

\_\_\_\_\_  
Signature of Translator (if applicable)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
am / pm

If the patient is incompetent because of physical or mental condition or is a minor, complete:  
 Patient is a minor \_\_\_\_\_ years of age or is unable to give consent because: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_  
Authorized Agent / Relationship      Print Name      Date      \_\_\_\_\_ am / pm