

# INFORMED CONSENT TO TRANSFUSION

It is the physician's responsibility to ensure the patient gives their informed consent before receiving a blood product. This must be documented in some form in the patient chart. The patient must be given the opportunity to ask questions about their transfusion.

## Informed Consent Responsibilities For:

| Physicians   | Transfusionists   |
|--|---|
| <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Explain the benefits</li> <li><input checked="" type="checkbox"/> Explain the risks*</li> <li><input checked="" type="checkbox"/> Explain alternatives to blood transfusions</li> </ul> <p>* This information should be presented in a language that the patient can understand</p> | <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> How the transfusion will be given</li> <li><input checked="" type="checkbox"/> How long it will take</li> <li><input checked="" type="checkbox"/> What will be monitored during the transfusion</li> <li><input checked="" type="checkbox"/> What to expect after the transfusion</li> <li><input checked="" type="checkbox"/> What symptoms to look for during and after the transfusion</li> </ul> |

## ALTERNATIVES PRESENTLY AVAILABLE ARE:

- Autologous Donations
- Antifibrinolytics
- Iron Therapy
- Surgical techniques to minimize blood loss
- Erythropoietin
- Directed Donations (from parent to minor child only)

\*See reverse of this card for Evaluated Risks

### Symptoms of Reaction

- Fever (>1°C from baseline)
- Chills, Rigors, Shivering, Shakes
- Dyspnea (Shortness Of Breath)
- Rash, Hives, Itchiness, Swelling
- Anxiety/Agitation
- General malaise or Irritability
- Hypotension/Shock/Nausea/Vomiting
- Pain (Head, Chest/Back)

### Managing Acute Transfusion Reactions

1. **STOP TRANSFUSION IMMEDIATELY.**  
Maintain IV access
2. Physician assessment required
3. Check vital signs every 15 minutes
4. Re-check identification of patient and blood product
5. Contact transfusion service
6. Perform blood cultures if sepsis is suspected
7. Return blood product and administration set to blood bank (if requested)

# TABLE OF EVALUATED RISKS OF BLOOD TRANSFUSION

| NON-INFECTIOUS COMPLICATIONS                       | FREQUENCY OF MILD TO FATAL CONSEQUENCES             |
|--|---|
| Minor Allergic Reaction                            | 1 in 100 patients                                   |
| Febrile Non-Hemolytic Reaction                     | 1 in 300 units (RBC) 1 in 20 (per pool of Platelet) |
| Transfusion Associated Circulatory Overload (TACO) | 1 in 700 units per transfusion episode              |
| Delayed Hemolytic Reaction                         | 1 in 7,000 units                                    |
| Transfusion Related Acute Lung Injury (TRALI)      | 1 in 10,000 units                                   |
| Anaphylaxis  | 1 in 40,000 units                                   |
| Acute Hemolytic Reaction                           | 1 in 40,000 per RBC transfusion episode             |
| INFECTIOUS COMPLICATIONS                           | RESIDUAL RISK OF INFECTION / UNIT                   |
| Bacterial Contamination per Pool of Platelets      | 1 in 10,000 (Symptomatic) 1 in 60,000 (Death)       |
| Bacterial Contamination of Red Blood Cell Unit     | 1 in 250,000 (Symptomatic) 1 in 500,000 (Death)     |
| Hepatitis B Virus (HBV)                            | 1 in 153,000  |
| West Nile Virus (WNV)                              | < 1 in 1,000,000                                    |
| Hepatitis C Virus (HCV)                            | 1 in 2,300,000                                      |
| Chagas Disease                                     | 1 in 4,000,000                                      |
| Human T-Cell Lymphotropic Virus (HTLV)             | 1 in 4,300,000                                      |
| Human Immunodeficiency Virus (HIV)                 | 1 in 7,800,000                                      |