Consent
FOR TRANSFUSION OF
BLOOD OR BLOOD PRODUCTS

I give my consent for the transfusion of blood or blood products by my doctor. Others, such as resident physicians, physician assistants, and registered nurses may be involved in my medical or surgical treatment under my doctor’s supervision.

During your treatment, it may become necessary to give one or more transfusions of whole blood or blood products. This form provides basic information about this procedure. If signed, it gives approval to give transfusions by qualified medical personnel. If this consent is refused or not signed, no blood or blood products will be given except in situations where the doctor decides there is a medical emergency.

ADMINISTRATION

Blood is transfused into one of your veins, using a sterilized disposable needle or intravenous access device. The amount of blood transfused, and which type of blood product is needed, is a decision your doctor will make based on your medical needs.

RISKS OF TRANSFUSION

Blood transfusion is a common procedure with low risk. Minor and short term reactions associated with blood transfusion are common. They include a slight bruise, swelling or reaction in the area where the needle pierces your skin. Non-serious reactions associated with blood being transfused may also occur. They include headache, fever or a mild rash. Infectious diseases are known to be transmitted by blood, including:

- Hepatitis
- HIV (Human Immunodeficiency Virus), a viral infection known to cause AIDS
- Cytomegalovirus (CMV)
- Epstein-Barr Virus (EBV)
- Babesiosis (a Malaria-like disease)
- Syphilis
- Lyme Disease
- Malaria
- Chagas Disease
- West Nile Virus
- Transfusion-associated lung injury
- Transfusion-associated circulatory overload

The risk of getting an infectious disease from blood is low. All blood units are tested to prevent transmitting these infections as required by state and federal law. However, these tests cannot completely exclude the risk of transmission. For further information, a copy of the Spectrum Health brochure entitled, “Blood Transfusions” (250367) has been given to me and I have had the chance to review it.

OTHER OPTIONS/QUESTIONS

There are other possible options, but they depend on your situation and the amount of time before your surgery or transfusion. These include:

- Donating your own blood before your procedure
- Having blood lost during surgery collected and given back to you, or
- Choosing a family member or friend as a donor. They must meet blood-donor guidelines and match your blood type.
OTHER OPTIONS/QUESTIONS (CONTINUED)

These options are not commonly used or appropriate in urgent situations. If loss of blood poses a serious threat during your treatment, there is no immediate, effective option to blood transfusions. However, if you have any further questions on this matter, your doctor or other professional will fully explain what options may be available to you.

I have read the above information, or it has been read to me. I understand the factors bearing on the decision whether to authorize a transfusion. Based on this understanding, I hereby consent to receive such transfusions of blood or blood products that may be necessary in the professional judgment of my doctor, his/her associates, assistants or designees.

I hereby certify that I have read this form or it was read to me. This form was explained to me on the date as written. I fully understand the contents of this form.

TIME DATE Patient signature  TIME DATE Witness to signature

If a patient is under 18 years of age or otherwise unable to consent, the following must be completed:

I, ____________________________ , hereby certify that I am the ____________________________
of the patient; that patient is unable to consent because patient is a minor, or because:

TIME DATE Signature of Parent, Legal Guardian, Patient Advocate or Next of Kin  TIME DATE Witness to signature

For refusal of blood/blood product transfusions, refer to “Release FROM RESPONSIBILITY FOR PATIENT REFUSAL OF BLOOD/BLOOD PRODUCT TRANSFUSIONS” (X04416).

FOR PHYSICIAN USE ONLY

I have reviewed this consent form. The patient has consented to the transfusion of blood/blood products I have planned. I have discussed with the patient/family the risks, benefits and potential complications for the planned transfusion of blood/blood products. The patient explained/taught back what he/she has recalled and understood from our discussion and wishes to proceed.

TIME DATE Physician signature

I certify that I have interpreted, to the best of my ability, into and from the participant’s stated primary language,

Interpreter name (print)