

Hospital Logo

Informed Consent to Receive Blood/Blood Components Transfusion

Patient Identification Label

Name:	Age (in years):	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other
UHID No./Registration No.:		
Interpreter Service: <input type="checkbox"/> Yes <input type="checkbox"/> No	Consultant's Name:	

Medical Condition

The doctor has explained that I/my child/myhave the following medical condition:

and I/my child/my.....have been explained and advised to undergo the following treatment/procedure:

I authorise Dr. and his/her associates to perform the above treatment/ procedure.

The doctor should document the site and/or side where relevant to the procedure:

Introduction

Blood transfusion is a life-saving medical procedure ordered by the physician. Blood is important in delivering oxygen to all parts of the body. Blood can be given "Whole" but more often a component or a combination of components or an apheresis component is transfused. Blood/blood components are bought from a blood bank (within or outside the hospital). And other transfusion options are also available which may include stored blood provided by voluntary replacement (relative) donors.

Type of Blood Product

- Whole blood
- Red blood cells
- Platelets
- Fresh frozen plasma (thawed) and/or concentrated form of plasma
- Cryo poor plasma
- Cryoprecipitate
- Pooled component

Use

- To replace lost blood.
- To replace red blood cells for improving low haemoglobin levels.
- For bleeding conditions or low platelet count.
- To assist with clotting.
- Others, if any specify:

Technique

Transfusions are usually given through an intravenous line. This is done by inserting a new sterile disposable needle into a vein in the arm. A central line (used to give medicine, intravenous fluid, blood over a long period) may be used if you already have it. The doctor will decide on the right amount and type of blood product based on your medical condition or diagnosis.

Benefits (To be documented by doctor)

- To correct low levels of blood components in your body and may also make you feel better.
- To minimise shock, brain and organ damage.
- To hasten recovery.
- To limit blood loss.
- Others, if any specify:

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Risks (To be documented by doctor)

- Itching
- Rash
- Fever
- Headache
- Respiratory distress (shortness of breath) or lung injury
- Infection
- Shock
- Exposure to blood borne viruses such as hepatitis B, hepatitis C (an inflammatory disease affecting the liver) and human immunodeficiency virus (HIV, the virus that causes AIDS)
- Death
- Potential problem for current or unborn baby/babies
- Others, if any specify:

Alternatives (To be documented by doctor)

Other choices besides getting a blood transfusion, including the choice to refuse a blood transfusion are as follows:

- Infusion with non-blood products, such as vitamins, to help your bone marrow make blood components
- Colony stimulating factors to help your blood cells grow
- Drugs to support your blood system or lessen the effects of blood deficiency
- Fluid replacements and other artificial compounds
- Iron supplements
- No treatment
- Others, if any specify:

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Patient's Authorisation

- I have been explained regarding my / the patient's condition, the proposed treatment, the risks, benefits, complications, possible alternatives, possible results of non-treatment in the language I understand.
- I have had the opportunity to ask questions about transfusions, alternate forms of treatment, risk of non-treatment, the procedures to be used and the relative risks involved and I believe that I have sufficient knowledge to make an informed decision.
- I/we have been informed of the transfusion options available which may include stored blood provided by voluntary replacement (relative) donors.
- I understand that extensive testing is performed on all blood used for transfusions, however no testing is 100 percent reliable. I acknowledge that no guarantees have been made to me about the outcome of the transfusion.
- I/we understand that though the blood / blood component to be transfused are tested in accordance with the strict guidelines laid down by the Ministry of Health and Family Welfare, Govt of India and DCGI, but there is a definite risk involved during transfusion.
- I also understand that the hospital may not be supplying the blood / components being transfused. In such cases where the blood/ components are brought from a blood bank outside the hospital, the primary supplier is responsible for the mandatory testing and other compatibility tests as required by prevailing law. In such cases the issuing blood bank shall be responsible for the adherence to the present regulatory and technical guidelines with regards to the blood collection, processing, TTI testing, storage and compatibility testing of the unit brought and hospital shall not hold any liability henceforth. I also understand that the hospital shall not perform any additional tests except confirmation of the blood group, on the unit(s) thus brought from outside.
- I hereby give **my consent** for the administration of blood, one or more units and/or components in the interest of proper medical care.
- I have been explained that I shall not donate blood for the next days.
- I understand that in case of any immediate or life-threatening event during the procedure, the doctor will treat me to the best of his/her judgement.
- I authorise repeated blood transfusion sessions as prescribed by my doctor unless I specifically revoke this consent within its validity.
- I understand that I have the right to refuse treatment before the procedure. I agree that any such refusal shall be in writing and acknowledged by the hospital and I shall be solely responsible for the outcome of such refusal.

Patient Name:		Signature:		Date and Time:
Substitute Decision Maker Name:	Relationship:	Reason (patient is unable to give consent because):	Signature:	Date and Time:
Witness Name:	Relationship:		Signature:	Date and Time:
Interpreter Name:	Translation given in:		Signature:	Date and Time:

Declaration by the Doctor/Counsellor

I have explained to the patient / authorised representatives the medical condition, need for the procedure, its alternatives and benefits/risks, likely consequences if those risks occur and the significant risks and problems specific to this patient. I have given the patient/ authorised representatives an opportunity to ask questions about any of the above matters and raise any other concerns. I have answered all their queries to the best of my knowledge.

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Name and Signature of the Doctor with Reg No:	Name and Signature of the Counsellor:
Date and Time:	Date and Time:

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Endorsement of Consent Per Transfusion

Date	UHID/Reg No.	Name and Signature of Patient	Name and Signature of Substitute Decision Maker with Relationship	Name and Signature of Counsellor/Doctor with Reg No.

Note:

- Fresh consent to be taken in case there is a change in the blood component and treating doctor.
- If the HCO has a policy of giving discharge summary after every cycle/ sitting and new admission is shown in every cycle/ sitting, then a fresh consent would be required every time.