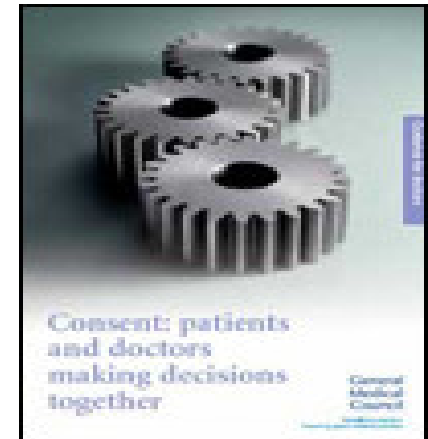


Consent and barriers to deliver

Dora Foukaneli

Cambridge University Hospitals and
NHSBT Cambridge



Consent: patients and doctors making decisions together

All healthcare involves decisions made by patients and those providing their care. This guidance sets out principles for good practice in making decisions. The principles apply to all decisions about care: from the treatment of minor and self limiting conditions, to major interventions with significant risks or side effects.

The guidance includes advice on assessing capacity and making decisions about treatment or care when a patient does not have capacity to decide for themselves. It also includes advice on sharing information, involving patients in decision-making and the role of families, carers and others close to the patient.

Department of Health :

Reference Guide to Consent for
Examination and Treatment - *Second
Edition (July 2009)*,

GMC 'Consent :

Patients and doctors making decisions
together' (2008)

Mental Capacity Act (2005)

- Within transfusion medicine, the question of whether separate informed consent should be obtained from patients for blood transfusion has provoked considerable debate.

- There has long been support for such an approach in the United States

- A *BMJ* editorial in 1997** made it clear that reform was on the professional agenda in the United Kingdom, despite the established position that obtaining general consent for medical treatment included consent for blood transfusion.

In 2010 SaBTO ran a consultation on patient consent for blood transfusion and the result of this was that the respondents thought there was a need for:

- ensuring that best practice as outlined by the GMC is followed
- a modified form of consent for long-term multi transfused patients, which should be reviewed on a regular basis

- Standardized patient information leaflets in the UK
- retrospective information

- **While policies within Trusts highlight the need for obtaining valid patient consent, there is an urgent need to improve actual practice in all clinical settings with implementation of the existing guidance and emphasis on documentation within the clinical records.**

Junior doctors in particular are involved in prescribing blood and this audit highlights an urgent need to strengthen their training in relation to consent and appropriate prescribing. This is in keeping also with SHOT recommendations highlighting junior doctor errors.

- **The development and dissemination of patient leaflets needs urgent review with a need to explore innovative methods to provide information to patients including use of information technology.**

Consent process

- Implementation
- Validity

- Transfusion
- Adults
- Paediatrics

Frequency

- Elective

Emergencies

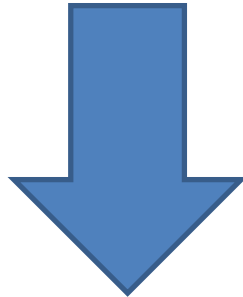
Recurrent

One off

Documentation

- 1. Reason for transfusion
- 2. Consent obtained
- 3. Patient information/leaflet
- 4. Alternatives

- 1. Reason for transfusion




- Training and Education

Obtaining the consent

- Who is responsible to obtain consent
 - Education

Risks, Benefits, Alternatives and Option to refuse
validity

- Where to file/document  Accessible
- For how long is it valid for?

- Suggested options:
- Incorporate consent to patient care pathways
 - CUH previous audit: 80% of transfusions within clear medical or surgical pathways
 - Ad hoc transfusions
 - Emergency transfusions
- Stand alone
- As part of a transfusion specific pathway

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59000



Blood and Blood Products Transfusion Consent

Facility:

A. Interpreter / cultural needs

- An interpreter service is required?
- If Yes, is a qualified interpreter present?
- A Cultural Support Person is required?
- If Yes, is a Cultural Support Person present?

This consent primarily includes intravenous venous line infusion of fresh blood and blood products, red cells, platelets and plasma (ie frozen plasma and cryoprecipitate).

B. Why am I having a transfusion?

Your doctor has recommended that you have transfusion of blood or blood products, with volunteer donors. Blood is collected and sent to the Australian Red Cross Service.

A transfusion is necessary to replace a part of blood and is given to either:

- replace red blood cells to treat or prevent anaemia, improve oxygen transport and symptoms of dizziness, tiredness or shortness of breath or
- to give you platelets to help stop or prevent bleeding or
- to give a fresh plasma product to stop, prevent bleeding.

Transfusions are given via cannulae (needle vein) or via a central line into your vein. During transfusion you will be closely watched for possible reactions. You will also be regular as to whether you may need another blood transfusion.

The doctor has explained that I have the medical condition for which I need a transfusion (Doctor to document in patient's own words)

Your medical condition requires the following products. DOCTOR TO INDICATE PRODUCE:

- Red Cells
- Platelets
- Fresh Frozen Plasma
- Cryoprecipitate

FREQUENCY OF THE TREATMENTS: (if specify that the frequency may vary during of treatment)



Blood and Blood Products Transfusion Consent

Facility:

E. Risks of not having the blood products transfusion

(Doctor to document in space provided Medical Record if necessary.)

F. Patient consent

I acknowledge that the doctor has explained

- my medical condition and the proposed procedure, including additional risks doctor finds something I've not asked the risks, including the risks that arise.
- other relevant procedure/treatment and associated risks.
- my prognosis and the risks of not having the procedure.
- that no guarantee has been made procedure will improve my condition if it has been carried out with due care.
- if immediate life-threatening events during the procedure, they will be taken on my discussions with the doctor's Resuscitation Plan.

I have been given the following information in writing:

- Blood & Blood Products Information Brochure
 - Blood Transfusion - Questions for your doctor
 - Blood components: A guide
- I was able to ask questions and talk with the doctor about my condition, procedure and its risks, and my treatment. My questions and concerns were discussed and answered to my satisfaction.
- I understand I have the right to change my mind at any time, including after I have a transfusion, preferably following a discussion with the doctor.
 - I understand that images or video will be recorded as part of and during the procedure and that these images or videos will be used to provide appropriate treatment.

On the basis of the above statements,



Consent Information - Patient Copy Blood and Blood Products Transfusion Consent

1. Why am I having a blood and/or blood products transfusion?

Your doctor has recommended that you have a transfusion of blood or blood products, which are from volunteer donors. Blood is collected and screened by the Australian Red Cross Service.

A transfusion is necessary to replace a part of your blood.

A transfusion is given to either:

- replace red blood cells to treat or prevent anaemia, improve oxygen transport and relieve symptoms of dizziness, tiredness or shortness of breath or
- to give you platelets to help stop or prevent bleeding or
- to give a fresh plasma product to stop, treat or prevent bleeding.

Transfusions are given via a cannula (needle in your vein) or a central line into your vein. You will be closely watched for any reactions. You will also be regularly checked as to whether you need another blood transfusion.

2. What are the risks of having a blood or blood products (fresh) transfusion

Most common reactions to the blood and blood products that are being transfused are:

- high temperature
- rash, itching and hives
- feeling a bit unwell

Rare risks are:

- having too much blood/fluids giving you shortness of breath,
- haemolysis, the abnormal breakdown of red blood cells
- the development of antibodies which may complicate future transfusions and/or organ or tissue transplants. If these complications develop in women they can potentially cause problems for all current and future unborn babies.
- lung injury causing shortness of breath.
- the spread of viral or other infectious germs from the blood of the donors.
- very rarely, these above reactions can cause severe harm or possibly death.

3. What are other relevant treatment options that you may have?

In some situations there may be other choices to a blood transfusion and these include: fluid replacement with saline or other artificial compounds and/or iron supplements.

Please discuss these options with your doctor as they are not available for everybody.

Extra written information is available and may include:

- Blood who needs it? - A consumer brochure (Australian Government - National Health Medical Research Council)

<http://www.nhmrc.gov.au/files/nhmrc/files/publications/vmoposet033.pdf>

- Blood Transfusion - Questions to ask your doctor. (Australian Red Cross Blood Service)

<http://www.mytransfusion.com.au/node/649>
<http://www.redcross.org.au/australian-red-cross>

More detailed information can be found at the following websites.

- Blood Components: A Guide for Patients (National Health Medical Research Council)

<http://www.nhmrc.gov.au/files/nhmrc/files/publications/vmoposet035.pdf>

- Australian Red Cross Blood Service

<http://mytransfusion.com.au>

All sites provide excellent information, including statistical information.

Notes to talk to my doctor about:

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08/2011 114530

Unit Number:

Name: DOB:

No.	Designation	INTERVENTION		Y	N	Signature (Time / Date)
		If an intervention is not carried out for any reason, please tick No and document intervention number, reason and action taken, in multidisciplinary progress notes (Page 6)				
SECTION A - GROUP / CROSS MATCHING AND PRESCRIBING OF BLOOD						
1	Dr or RN	Reason for transfusion:				
		See WAHT Guidelines Protocol 1 of Blood Transfusion Policy Hb prior to transfusion: g/dl				
2	Dr or RN	Patient has received information re procedure, risks and benefits				
		<ul style="list-style-type: none"> Aware of reason for transfusion Written information leaflet given Verbal explanation of procedure, risks and benefits given 				
3	Dr or RN	Patient wristband in place and contains: surname, first name, gender, DOB, ID number				
		NB: If in pre-assessment clinic verbally check 3 items: name, ID number, DOB or address				
4	Dr or RN	Request form fully completed				
		Ensure the following information is included: surname, first name, gender, DOB, ID number, location of patient, time and date, type of blood product, diagnosis, reason for request and any special arrangements.				
5	Dr or RN	Sample tube labeled with above information plus date sample taken and location of patient: Tubes must be labeled by hand, after blood has been taken, by person taking blood				
		Blood taken in Phlebotomy Clinic Yes / No				
6	Dr	Blood prescribed on intravenous infusion sheet: Ensure the following information is included: surname, first name, DOB, ID number, blood/blood components required, plus any special requirements e.g. irradiated, quantity and duration of transfusion.				
7	Dr	Any special instructions required documented: Diuretics must be prescribed on medicines chart Blood warmer CMV neg. Irradiated				
SECTION B - COLLECTION & DELIVERY OF BLOOD						
- Blood Transfusion Must Be Commenced Within 30 Minutes of Arriving On Ward						
8	Dr or RN	Blood requested / collected from blood bank: Information to be taken to lab: name, DOB, ID, location, type and number of units. NB: Person collecting must have been trained in procedure.		1 st Unit		
		Time requested:		2 nd Unit		
		1 st Unit 2 nd 3 rd 4 th		3 rd Unit		
				4 th Unit		
9	Dr or RN	Correct blood delivered to ward / department and received by RN/Dr:		1 st Unit		
		Time blood arrives on ward / department		2 nd Unit		
		1 st Unit 2 nd 3 rd 4 th		3 rd Unit		
				4 th Unit		

GP: Cakbread, Sr MRN: [REDACTED] Allergies: No Known Allergies FYI: None Theodora Foukanelli, Hon Cons
 GP Prac: SHEFFORD HEAL NHS: [REDACTED] Last Height: 1.613 m Appointment on 16/11/2015
 Blood Type: O Positive Last Weight: 4.7 kg Language: English
 Admitted: No Last BMI: 1.81 kg/m² Need Interp: No Next Appt: 19/10/2015 MyChart: Inactive

Orders for Admission - 16/11/2015 visit with Theodora FOUKANELLI, Hon Cons for RETURN - BOOKED AS PER KAY ELSTON REQ - 13:30 AUTHORISED

- Summary
- Synopsis
- Orders for Admission
- Order Sets
- Orders
- Signed/Held Orders
- Chart Review
- Visit Overview
- Charting
- Onc Haem
- Conclusion
- Communications
- Sign Visit
- Research Studies
- Patient Station
- Orders for Admi...

Blood Products
 Blood components - Adult Blood Component Administration
 Transfuse RBC

Priority: Routine Routine Urgent Accept Cancel

Frequency:

For: Occurrences Hours Days Weeks

Starting: 13/10/2015

First Occurrence:

First Occurrence: Today 13:20 Until Specified

There are no scheduled times based on the current order parameters.

Question	Answer	Comments
1. Has consent been obtained?	Yes / No	
2. Transfusion duration per unit in hours	STAT 1.5 2 3 4 Other (specify)	
3. Transfusion Indications	Acute blood loss Anaemia Bone marrow failure Exchange transfusion Pre-operative Renal anaemia Other (specify)	
4. Special Requirements	No special requirements CMV Negative Irradiated Other (Specify)	

Comments (0):

Last Resulted:

Component	Time Elapsed	Value	Range	Status	Comments
Haemoglobin (Hb)	22 days (21/09/15 09:45)	83 (L)	115-160 g/L	Final result	

Accept Cancel

- Transfuse platelets Routine
- Transfuse fresh frozen plasma Routine
- Transfuse cryoprecipitate Routine
- Transfuse granulocytes Routine
- Transfuse SD fresh frozen plasma Routine

Medications
 Furosemide - Adult Blood Component Administration
 furosemide tablet 20 mg, Oral, Once, Starting 13/10/15, With Transfusion
 furosemide tablet 40 mg, Oral, Once, Starting 13/10/15, With Transfusion

Transfuse RBC

✓ Accept ✗ Cancel

Priority:

Frequency:

For: Occurrences Hours Days Weeks

Starting:

First Occurrence:

First Occurrence: **Today 15:36** **Until Specified**

i There are no scheduled times based on the current order parameters.

Questions:

Prompt	Answer	Comments
1. Has consent been obtained?	<input type="button" value="Yes"/> <input type="button" value="No"/>	<input type="text"/>
2. Transfusion duration per unit in hours	<input type="button" value="STAT"/> <input type="button" value="1.5"/> <input type="button" value="2"/> <input type="button" value="3"/> <input type="button" value="4"/> <input type="button" value="Other (specify)"/>	
3. Transfusion Indications	<input type="button" value="Acute blood loss"/> <input type="button" value="Anaemia"/> <input type="button" value="Bone marrow failure"/> <input type="button" value="Exchange transfusion"/> <input type="button" value="Pre-operative"/> <input type="button" value="Renal anaemia"/> <input type="button" value="Other (specify)"/>	
4. Special Requirements	<input type="button" value="No special requirements"/> <input type="button" value="CMV Negative"/> <input type="button" value="Irradiated"/> <input type="button" value="Other (Specify)"/>	

Comments (F6):

Last Resulted: Lab Test Results

Component	Time Elapsed	Value	Range	Status	Comments
Haemoglobin (Hb)	4 days (08/10/15 19:29)	94 (L)	130-170 g/L	Final result	

Next Required

✓ Accept ✗ Cancel

3. Patient information/leaflet

Process

Documentation

Electronic systems

4. Alternatives

Knowledge

Availability

cell savers

Iron clinics

pharmaceutical agents

- A recent high profile case, [NM Vs Lanarkshire](#) , enforces the need for doctors to make sure they seek informed consent from patients and their families.

GMC

- “Fundamental to the doctor and patient relationship is the requirement that a patient with capacity to decide should be informed about the treatment options open to him or her; the risks and benefits of each option; and be supported to make their choice about which treatment best meets their needs.”
- *We keep all our guidance for doctors under review, and we expect to begin outlining the potential scope of new consent guidance at the end of this year.*