

CONSENT FOR TRANSFUSION OF BLOOD COMPONENTS – SUPPORTING INFORMATION FOR HEALTHCARE PROFESSIONALS

Wherever possible, consent for transfusion should be obtained from the patient or parent/carer in advance and documented in the patient's notes. This is applicable to patients receiving not only blood (red cells), but also platelets, plasma (FFP), cryoprecipitate, and other blood components.

Issues for discussion with the patient:

- a) Reason/indication[#] for transfusion, including the type and expected amount of blood components being transfused, and how the transfusion is administered;
- [#]See National Blood Transfusion Committee 'Indication Codes for Transfusion – April 2013' bookmark/poster
- b) Benefits expected from the transfusion (e.g. symptomatic relief of anaemia);
- c) Risks of transfusion ~

Infection: Hepatitis B*: very rare
 HIV*: very rare
 Hepatitis C*: very rare
 vCJD: very rare
 Bacterial: very rare

* See also NHS Blood and Transplant Patient Information Leaflet 'Will I need a blood transfusion?'

Other risks: incorrect blood component transfused: very rare
 acute (non-haemolytic) transfusion reaction: very rare
 haemolytic transfusion reaction: very rare
 TACO - transfusion associated circulatory overload: very rare
 transfusion associated dyspnoea: very rare
 post transfusion purpura: very rare
 TRALI - transfusion associated acute lung injury: very rare
 transfusion associated graft-vs-host disease: very rare

Frequency of risks are defined as: uncommon ($\geq 1/1,000$ to $< 1/100$), rare ($\geq 1/10,000$ to $< 1/1,000$), and very rare ($\leq 1/10,000$) { electronic Medicines Compendium (eMC) <http://www.medicines.org.uk/emc/> }

- d) Alternatives to transfusion: may include use of oral/intravenous iron, cell salvage;
- e) Right to refuse transfusion and religious objections: if possible establish why the patient is refusing, and if there are any circumstances in which they would receive blood components;
- f) The importance of correct, positive patient identification at every stage of the transfusion process (starting at pre-transfusion venous blood sample taking);
- g) Patient information leaflets, including leaflet for unexpected transfusion;
- h) Following transfusion of any blood component the patient can no longer be a blood donor.

Notes for healthcare professional:

- The process of seeking consent for transfusion should not impede the emergency provision of blood components;
- Consent does not have to include a signature from the patient, but this would be wholly appropriate if achieved;
- The patient should be offered time to consider their decision and read supporting information wherever possible;
- Where it was not possible to gain consent before transfusion, information should still be given to the patient afterwards; it is essential that every patient that has had a transfusion is made aware of this before they are discharged from hospital;
- Incorrect blood component transfused (IBCT) includes receiving a component intended for another patient (may or may not be ABO compatible, or the correct type of component) and special requirements not being met (such as irradiated components); IBCT will not necessarily result in harm to the patient;
- This should be read along side SaBTO's 'GUIDANCE FOR CLINICAL STAFF TO SUPPORT PATIENT CONSENT FOR BLOOD TRANSFUSION':
http://www.transfusionguidelines.org.uk/docs/pdfs/bbt_informationresource_final_.pdf

Useful websites:

<http://www.transfusionguidelines.org.uk/Index.aspx?Publication=BBT&Section=22&pageid=7691>
http://hospital.blood.co.uk/library/patient_information_leaflets/leaflets/index.asp
<http://www.shotuk.org/home/>