

# **Consent for blood transfusion**





# The experience of a large District General Hospital.

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# Background

- In 2012 the SEC TPG formed an Informed Consent Action Group (ICAG). The drivers were the results of local documentation audits and the desire to facilitate compliance with SaBTO guidelines (2011).
- A transfusion episode sticker was designed by East Kent.
- The East Kent sticker was then adapted into the ICAG pad (below), including risk consideration and transfusion triggers.
- May 2014: SASH introduced the ICAG pad to Haemato-Oncology, Ambulatory Day Care & Gastro Wards, extending Trust-wide except Paediatrics in March 2015.

Four Risk Categories & Mitigations			DECISION TO TRANSFU		
in blood fransidsion				. DO8-	
	Identification Number				
2004.1: Homes Cine / Spheres Terror 4004.1: Homes Cine / Spheres Terror 4004 cines Cine / Spheres Terror 4004 cines Cines Cines Cines Cines 4004 cines 4	Component required: Red Colls. Platelets Platelets Cryopercipitate	Indication for component use: Symptomatic Assemia Blooding Prophylasis	Special requirements required? Invadiated CMV Nogative HLA selected	I confirm I have explained the risks of framfusion as: Humon / Systems Error Circulatory Overload Adverse Immune Responses Tranfusion Transmitted Infection	
isk 2: Transfusion Related Circulatory Overload	Frankingersterner	- reductance	Inter Conference Conf	sider PO and / or IV iron	
Blood components increase volume & viscosity of diroutating blood Higher risk in children, eideni, cardisc / chest imceiment, hysertension	Other	Other Chronic Renal Failure: Why transfe			
Highar nac is children, eiden), tardisc / chait impairment, hypertection tighte 21					
Relator rate against urgancy of transfusion (2% hours max red cells)	Pre-Transfusion Hb				
Consider diuratics for those at greater risk (increased monitoring)		NICE Blood Transfusion Guidelines Nov 2015			
isk 3: Adverse Immune Responses	and a second and a second a se				
Patient is screamed for antibodies to red calls (unless emergency) SHOT data: severe reactions are rere 14/100k red calls & 20/100k pistelets		RESTRICTIVE RED CELL THRESHOLD EXCEPT FOR			
tigate 3:	Massing	MASSIVE BLOOD LOSS / ACUTE CORONARY SYNDROME / CHRONIC ANALMIA THRESHOLD TARGET			
Ensure minimum observation schedule ik esthered to Petient to report any symptoms. Not / Cold / Daking / Pain / Rohing / Rash / Something Sek Viborg / Any Other Symptoms		RESTRICTIVE ACUTE CORONARY SYNDROME		TARGET 20 - 90y1 80 - 100x1	
isk 4: Transfusion Transmitted Infection		INDIVIDUAL THRESHOLDS FOR CHRONIC TRANSPUSION PROGRAMMES			
Blood screened for HIV / Hep B+C / HTLV / Syphills Rinks extremely low but cannot be ruled as possible - See data below					
Ignet 4 Find in Bursten structure Conservation Find in particular provention for franchistics, particul Bursten Bursten Bursten Bursten in Find International Conservations, go 6 nature Bursten Int El ambient, HEPB (1 in 1.3 million), HEPB (1	If NO please state rea I confin Name (please PRINT)	I confirm verbal consert was obtained from patient / legal guardian    YES    NO If NO please state reveor L confirm that in my professional opinion this transfusion is indicated Name (please PRWT) Designation (please PRWT) Date			

### Introduction

There have been decades of debate on what constitutes consent for transfusion<sup>(1)</sup>. However, the publication of SaBTO guidelines (2011), NICE guidelines (2015), NICE quality standards (2016) and BSH guidelines (2016) have created a consensus that this should be undertaken and offered guidance of what should be included.

#### Results I July 2017

- 67% use of ICAG sticker (15 sets of notes) including all specialities.
- In addition, 1 'unable to obtain consent' form.
- 12/15 (80%) medical records had documentation that risks and benefits explained, either via sticker completion or handwritten entry. These are accepted as informed consent for the purposes of this audit.
- 2/15 had no ICAG sticker, but the consent box on the authorisation chart was ticked.
- 100% documentation of reason for transfusion.

# **Results II**

#### December 2017

- 50% use of ICAG sticker (20 sets of notes) surgical division only.
- In addition, 1 'unable to obtain consent' form.
- 13/20 (65%) medical records had documentation that risks and benefits explained, either via sticker completion or handwritten entry. These are accepted as informed consent by this audit.
- 4 patients sedated at time of transfusion, with no documentation that in best interests or that this was followed up once conscious.
- 100% documentation of reason for transfusion.

# Results I & II

%

**Evidence of consent** 

Informed consent is not only a right of the patient, but also assists in the implementation of PBM initiatives - as reason for transfusion and consideration of alternatives need to be made explicit.

For all these reasons the ICAG pad is heavily promoted within SASH. While its use is supported by all the adult healthcare teams, the routine application of this formalised process is not yet established. A regular snapshot audit has been commenced to gauge the use of the stickers and facilitate discussion and teaching.

#### Method

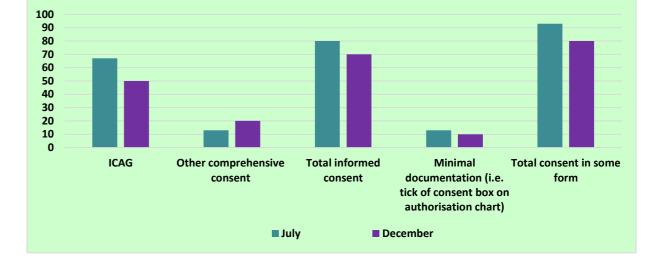
An audit of consent for transfusion was conducted in July and December 2017 for patients who had received blood within SASH.

The audit involves looking for the sticker in a patient's medical record, assessing the standard of completion, and identifying other consent associated documentation.

The sample is selected from the complete list of patients transfused within the month and whose notes are available on site at East Surrey Hospital at the time of audit. Those who received blood only during an emergency were excluded.

The July audit included patients from all specialities, but the December audit focused on those within the surgical division.





#### Conclusions

- Although informed consent was not facilitated and documented for every patient in the audit, the results suggest that the profile of consent for transfusion is high at SASH.
- There are a few episodes when the ICAG pad was not used but consent was comprehensively documented –this could be personal choice or the availability/accessibility of the stickers in all areas. If the latter a quick remedy is possible.
- Full use of the ICAG pad is probably hindered by human factors, including individual choice, rotating teams, number of staff working as agency, locum or Trust doctors, workload pressures etc.
- Rotation of doctors between Trusts means message delivered as new to every induction, so teaching and promotion will have to continue indefinitely.
- Future plan for SASH to improve uptake, and adapt the ICAG pad for paediatrics. A Blood Transfusion Patient Experience Survey is to be undertaken, including exploration of consent process.

#### Reference

 Murphy MF et al (1997) Survey of the information given to patients about blood transfusion and the need for consent before transfusion. Transfusion Medicine. 7:287-8.

#### **Acknowledgements**

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