The unexpected transfusion
informing the patient

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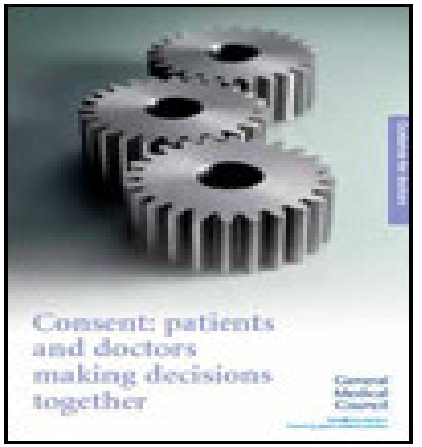

Consent: patients and doctors making decisions together
All healthcare involves decisions made by patients and those providing their care. This guidance sets out principles for good practice in making decisions. The principles apply to all decisions about care: from the treatment of minor and self limiting 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)

Who is the right person to seek consent?

It is always best for the person actually treating the patient to seek the patient's consent. However, the task of obtaining consent may be delegated to another suitably trained and qualified person.

What information should be provided?

- **General information**
- **Risks**
- **Benefits**
- **Alternatives**

Option to ask questions

Option to refuse

Emergency treatment of adults lacking capacity

In an emergency if it is not possible to establish the patient's wishes, treatment can be provided without the patient's consent provided the treatment is necessary to save their life or prevent a serious deterioration in their condition.

•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.

•At the time, however, professional consensus proved elusive because of concerns over a range of practical problems, including who should be responsible for obtaining such consent and in what circumstances it should be obtained.

•The issue has now been brought to the fore again, highlighted by the recent stakeholder consultation launched by the UK government’s independent Advisory Committee on the Safety of Blood, Tissue and Organs.

Informed consent and patient understanding of blood transfusion.
Transfus Med. 2011 Jun;21(3):183-9. doi: 10.1111/j.1365-3148.2011.01069.x. Epub 2011 Jan 27.
59·1% of patients said someone explained they might need a transfusion;

of those 86·7% felt the reason had been explained.

Only 58·8% of patients felt informed of what transfusion involves, with 67·0% told of the benefits and 27·8% informed of risks.

Overall, 51·5% of patients said this information was easy to understand, but only 26·8% were aware of a transfusion information leaflet.

Informed consent for blood transfusion: what do medicine residents tell? What do patients understand?
Am J Clin Pathol. 2012 Oct;138(4):559-65.
Deficiencies in the transfusion consent process were noted.

SaBTO

The Advisory Committee on the Safety of Blood, Tissues and Organs (SaBTO) was set up to advise Ministers of the UK Government and the Devolved Administrations as well as UK Health Departments on the most appropriate ways to ensure the safety of blood, cells, tissues and organs for transfusion/transplantation.

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 with patients – these are often medical patients treated on the medical wards.

- Standardized patient information leaflets in the UK.

- retrospective information for patients who have received a blood transfusion – unplanned transfusions do occasionally occur during surgery, and such information could be used postoperatively if this took place.

- improved training on consent and its relevance in transfusion for clinical staff to inform discussion with patients during the consent process.

- The other important issue is that patients (and their doctors) should be told when they have actually received a blood transfusion not.

SaBTO recommendation

- How are we going to identify patients requiring consent?
  - 85% patients receiving blood as part of their planned treatment
    - Incorporate consent at the existing pathways
    - Introduce a method for patients on regular transfusion (with planned review date)
    - Availability of patient information leaflets
    - Documentation

Unexpected transfusion

- True emergency
  - conscious
  - unconscious

Offer best available treatment

Awareness of the requirement to document the reason for transfusion and inform patient

- Information in retrospect (reason, risks, benefits and alternatives)
- Document

Unexpected transfusion

- Unexpected for the clinical area
  - Education
  - Processes

Unexpected transfusion

- Recurrent episodes
  - Consent valid for limited period-
  - requirement for review
  - prompt review of the reason o anaemia and need for transfusion

Unexpected transfusion

NCA Medical use of blood

20% had anaemia possibly treatable by means other than red cell transfusion

29% were transfused above the threshold set according to diagnosis, age and co-morbidities

Restrictive vs liberal transfusion strategy

Consent for Blood Transfusion Retrospective Patient Information Good Practice Guidance
Executive Summary

The provision of retrospective information for patients who were not able to give valid
consent prior to a blood transfusion is important for three main reasons:

To ensure patients are aware of the treatment they have received and informed of any associated potential risks relating to transfusion

To ensure patients who have received a transfusion know they are no longer eligible to donate blood. Patients who are not aware that they have received a transfusion may subsequently go on to donate when they should not

To reassure some patients who may think that they have received a transfusion, for example during surgery, when they have not.

Implementation

- Hospital Transfusion Committee
  - Patient Blood Management

1. Education
2. Policy/ Guidance
3. Processes
   1. Identification of transfused patients
   2. Availability of information
   3. Documentation

- https://www.gov.uk/government/publications/patient-consent-for-blood-transfusion

- http://www.transfusionguidelines.org.uk/transfusion-practice/consent-for-blood-transfusion-1
- NCA results