

SaBTO

Advisory Committee on the Safety of
Blood, Tissues and Organs

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.

This guidance has been produced to assist organisations to establish mechanisms to ensure that retrospective information is provided to those that need it. A process flowchart (figure 1) helps to identify which patients should be given retrospective information.

Background

During 2010, SaBTO (the Advisory Committee on the Safety of Blood, Tissues and Organs) initiated a public consultation process to review the options for undertaking valid consent for blood transfusion and the potential operational challenges involved.

Two key recommendations resulting from this consultation process were:

- Valid consent for blood transfusion should be obtained and documented in the patient's clinical record by the health care professional
- Patients who have received a blood transfusion (red cells, platelets, fresh frozen plasma, cryoprecipitate or granulocytes) and were not able to give valid consent before the transfusion should be provided with retrospective information.

A SaBTO Consent for Transfusion sub-group (appendix 1) was established to look specifically at the provision of retrospective information and to produce this good practice guidance for healthcare professionals.

Which patients need to be given retrospective information?

As an overriding principle, the SaBTO recommendation that valid consent should be obtained pre-transfusion and documented in the patient's clinical record by the healthcare professional should be implemented. However, there are two key groups of patients for whom retrospective information will specifically be required:

1. Patients treated in an emergency setting, where it was not possible to obtain valid consent pre-transfusion due to the patient's clinical condition
2. Patients who were told pre-procedure (e.g. pre-operatively) that they *might* require a transfusion as part of that procedure. These patients need to be informed whether they did or did not receive a transfusion.

It is important that healthcare professionals are aware of the differences between allogeneic (donated blood) and autologous (own blood). Patients only need to be informed of the risk of transfusion-transmitted infection (TTI) and that they can no longer donate blood if they have received allogeneic blood. It is important that any prescription / documentation can clearly differentiate between allogeneic and autologous blood.

When should patients be given retrospective information?

Retrospective information can be given to patients at any stage of their hospital treatment. However, in order to ensure that all patients are informed before their discharge from hospital, it is recommended that this should become part of the patient discharge procedure.

Questions relating to whether the patient has received a transfusion and whether retrospective information is required should be included on the patient discharge checklist. Ideally, information about transfusion should also be included on the discharge letter to the patient's GP.

What information should patients be given?

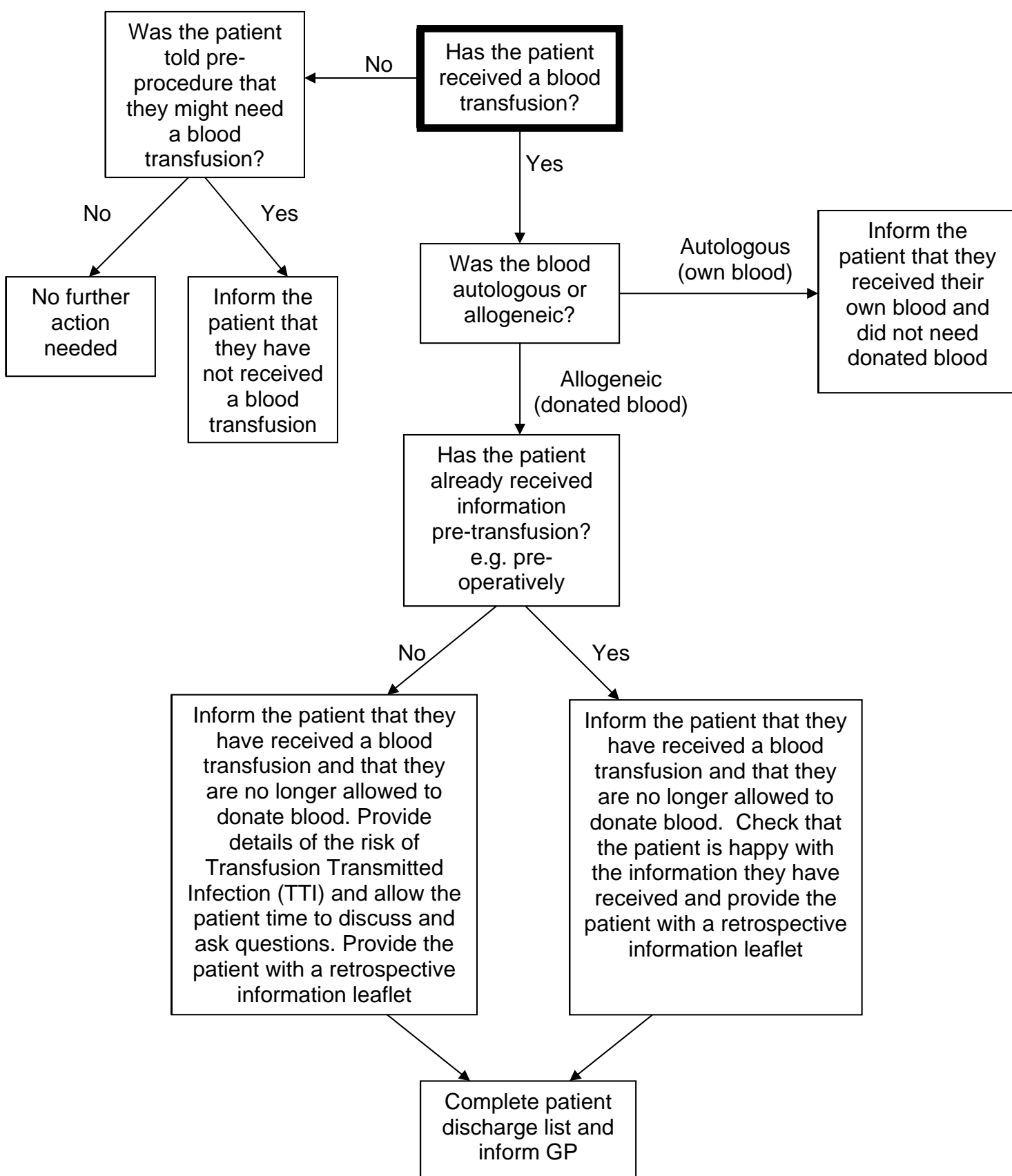
Patients who consented pre-procedure to receiving a blood transfusion if required, and therefore were given information relating to the risks of transfusion and the fact they will no longer be eligible to donate blood, may only need confirmation that they did or did not receive a transfusion.

Patients who received no information pre-transfusion should be provided with this information, both verbally and in writing, and given the opportunity to ask any questions.

As a minimum, this retrospective information should include:

- The risk of transfusion-transmitted infections
- A statement that they are no longer eligible to donate blood.

Figure 1: Retrospective Information Flowchart



Appendix 1:

Consent for Blood Transfusion Retrospective Patient Information Sub- Group

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- Sally Caldwell, Transfusion Practitioner, Great Western Hospitals NHS Foundation Trust
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- Fran Hartley, Transfusion Practitioner, Leeds Teaching Hospitals NHS Trust
- Dr Charlotte Kelly, Emergency Department Consultant, Great Western Hospitals NHS Foundation Trust
- Dr Simon Linton, Consultant Paediatric Anaesthetist, Leeds Teaching Hospitals NHS Trust
- Elwyn Nicol, Patient Representative, SaBTO
- Dr Peter Robbins, Consultant Cardiothoracic Anaesthesia / Intensive Care, Plymouth Hospitals NHS Trust