SPECTRUM HEALTH

Patient Name

DOB

CSN

Physician

MRN

Consent
TRANSFUSION OF BLOOD OR BLOOD PRODUCTS

I give my consent for the transfusion of blood or blood products by my doctor. Others, such as resident physicians, physician assistants, and registered nurses may be involved in my medical or surgical treatment under my doctor's supervision.

During your treatment, it may become necessary to give one or more transfusions of whole blood or blood products. This form provides basic information about this procedure. If signed, it gives approval to give transfusions by qualified medical personnel. If this consent is refused or not signed, no blood or blood products will be given except in situations where the doctor decides there is a medical emergency.

ADMINISTRATION

Blood is transfused into one of your veins, using a sterilized disposable needle or intravenous access device. The amount of blood transfused, and which type of blood product is needed, is a decision your doctor will make based on your medical needs.

RISKS OF TRANSFUSION

Blood transfusion is a common procedure with low risk. Minor and short term reactions associated with blood transfusion are common. They include a slight bruise, swelling or reaction in the area where the needle pierces your skin. Non-serious reactions associated with blood being transfused may also occur. They include headache, fever or a mild rash. Infectious diseases are known to be transmitted by blood, including:

- Hepatitis
- HIV (Human Immunodeficiency Virus), a viral infection known to cause AID
- Cytomegalovirus (CMV)
- Epstein-Barr Virus (EBV)
- Babesiosis (a Malaria-like disease)
- Syphilis
- Lyme Disease
- Malaria
- Chagas Disease
- West Nile Virus
- Transfusion-associated lung injury
- Transfusion-associated circulatory overload

The risk of getting an infectious disease from blood is low. All blood units are tested to prevent transmitting these infections as required by state and federal law. However, these tests cannot completely exclude the risk of transmission. For further information, a copy of patient education regarding blood transfusion has been offered to me and I have had the chance to review it.

OTHER OPTIONS/QUESTIONS

There are other possible treatment options, but they depend on your situation and the amount of time before your surgery or transfusion. These include:

- Donating your own blood before your procedure
- Having blood lost during surgery collected and given back to you, or
- Choosing a family member or friend as a donor. They must meet blood-donor guidelines and match your blood type.

OVER ➔

DO NOT MARK BELOW THIS LINE BARCODE DO NOT MARK BELOW THIS LINE

X04161

OTHER OPTIONS/QUESTIONS *(CONTINUED)*

These options are not commonly used or appropriate in urgent situations. If loss of blood poses a serious threat during your treatment, there is no immediate, effective option to blood transfusions. However, if you have any further questions on this matter, your doctor or other professional will fully explain what options may be available to you.

I have read the above information, or it has been read to me. I understand the factors bearing on the decision whether to authorize a transfusion. Based on this understanding, I hereby consent to receive such transfusions of blood or blood products that may be necessary in the professional judgment of my doctor, his/her associates, assistants or designees.

I hereby certify that I have read this form or it was read to me. This form was explained to me on the date as written. I fully understand the contents of this form.

TIME DATE Patient signature

TIME DATE Witness to signature

If a patient is under 18 years of age or otherwise unable to consent, the following must be completed:

I, _____ , hereby certify that I am the _____ of the patient; that patient is unable to consent because patient is a minor, or because:

_____

TIME DATE Signature of Parent, Legal Guardian, Patient Advocate or Next of Kin

TIME DATE Witness to signature

For refusal of blood/blood product transfusions, refer to "Release FROM RESPONSIBILITY FOR PATIENT REFUSAL OF BLOOD/BLOOD PRODUCT TRANSFUSIONS" (X04416).

FOR PHYSICIAN USE ONLY:

I have reviewed this consent form with the patient. The patient has consented to the transfusion of blood/blood products. I have discussed with the patient/family the risks, benefits and potential complications for the planned transfusion of blood/blood products. I answered all of the patient/family questions regarding the administration of blood products and the patient/family wish to proceed.

TIME _____ ☐AM ☐PM **DATE** _____ Physician signature _____ Pager number _____

STATEMENT FOR INVASIVE PROCEDURES ONLY:

I have reviewed the patient consent form. The procedure for which the patient is consented conforms with the plan for this patient. I have discussed the risks, benefits and potential complications of the planned procedure, and the risks, benefits and potential complications of alternative treatments with the patient/family who express understanding and wish to proceed.

TIME _____ ☐AM ☐PM **DATE** _____ Physician signature _____ Pager number _____

INTERPRETATION SERVICES

I certify that I have interpreted, to the best of my ability, into and from the participant's stated primary language, _____, all oral presentations made by all of those present during the informed consent discussion.

TIME _____ ☐AM ☐PM **DATE** _____ Interpreter signature _____

Interpreter name (print) _____