

Authorization and Consent or Refusal for Blood Product Transfusion

I have discussed with _____
PATIENT, LEGAL GUARDIAN, OR NEXT OF KIN

the potential risks, benefits and alternatives as well as expected outcome for blood product transfusion or refusal of transfusion.

Signed _____ Date _____ Time _____
PROVIDER (No longer than 6 months before procedure)

The above section must be completed before obtaining the signature on the following authorization.

Patient Authorization

I understand that I may need a transfusion of one or more types of blood products during my treatment.

The risks, benefits and alternatives of receiving blood products have been explained to me by my healthcare provider and may include but are not limited to:

Benefit: The reason a transfusion is necessary depends on the kind of illness a patient has. Reasons a transfusion may be needed include but are not limited to:

- » Correction of anemia (low hemoglobin)
- » Prevention of hypoxemia (low oxygen level) and hypotension (low blood pressure).
- » Prevention of bleeding, bruising or hemorrhage into a vital organ, gastrointestinal tract, or brain (benefit specific to platelet transfusion).
- » The benefit of a transfusion is to improve the patient's condition. When anemia (low hemoglobin) or bleeding is extremely severe, a patient may die if a transfusion is not given.

Risk: Any transfusion of blood or blood products involves risks. These risks can be serious and possibly may result in death. I understand a risk of transfusion transmissible disease exists despite the fact that the blood has been carefully tested. I acknowledge that no guarantees have been made to me concerning the results of the blood transfusion. I understand that the proposed transfusion may not improve my condition and may, in fact, worsen it.

Alternatives: When bleeding or severe anemia (which cannot be treated with diet or medication) becomes life-threatening, there is no effective substitute for blood transfusion. This may seriously affect your health or could lead to death. During surgery it may be possible to transfuse shed blood back to the patient (a procedure using a device called a cell saver).

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or Refusal for Blood
Product Transfusion



T-7010-1191

I have had all of my questions answered regarding blood transfusion and I understand that I have the right to refuse any medical procedure or treatment.

I have also been informed that during the course of the transfusion for which I am giving consent, additional procedures may be necessary and I consent to the performance of other procedures determined to be necessary by my healthcare provider.

I have read or had the form read to me and understand the above consent statement. All blanks or statements requiring insertion or completion were filled prior to the time of my signature. My consent was freely given, voluntary, and without reservation.

I CONSENT TO RECEIVE BLOOD TRANSFUSION

Date _____ Time _____

If renal or hematology/oncology this form remains in effect for 12 months unless revoked.

Renal Hematology/Oncology

Patient, Legal Guardian or Next of Kin Signature
(no longer than 30 days before procedure)

Witness

Phone number of consenting party
(for telephone consents only)

Second Witness

REFUSAL OF BLOOD AND/OR BLOOD PRODUCTS

I hereby release my physician(s), Altru Health System and its personnel from any responsibility whatsoever for any untoward results due to my refusal to permit the use of blood components. I fully understand the possible consequence of such refusal on my part and acknowledge the risks up to and including death have been fully explained to me.

Date _____

Time _____

Patient, Legal Guardian or Next of Kin Signature

Witness

Phone number of consenting party
(for telephone consents only)

Second Witness

For Refusal: Notify Transfusion and Tissue Service at x5140

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