

Informed Consent

Further Information Is Available By Contacting The Medical Director of the Transfusion Medicine Service: Zbigniew M. Szczepiorkowski, M.D. or the Blood Bank Medical Director, Nancy M. Dunbar M.D.

Written documentation of informed consent will be obtained before all elective transfusions.

Transfusions occurring in emergency situations will not require prior written informed consent. Documentation of need of emergent transfusion without consent shall be present in the chart.

All elective surgeries requiring a "Type and Screen" or crossmatching preoperatively according to the Surgical Blood Order Schedule, or any procedure in which the physician has ordered blood to be crossmatched, will have a written informed consent for transfusion completed prior to surgery.

Responsibility for explaining risk, benefits and alternatives to the patient and obtaining the consent will be the responsibility of the attending physician performing the procedure. This responsibility may be delegated to another provider caring for the patient.

A consent for transfusion will be valid for:

- Non-surgical patients: A period of one year, unless revoked.
- Surgical patients: The perioperative period and any subsequent treatment during the admission related to the surgical treatment or the condition that required it.

Verification of completion of the informed consent process will be the responsibility of the transfusionist and, in surgical cases, the nurse verifying the completion of the surgical consent form.

A written, standard informed consent document will be used.

Risks of Transfusion

As of August 2019, the best estimates of transfusion risks with allogeneic transfusion are:

Viral Transmission

- HIV <1 per million
- HBV 1 per 300,000
- HCV <1 per million

Bacterial Contamination

- Red cell units 0.56 per 1,000,000
- Platelets 9.1-14.3 per 1,000,000

Immunologic Complications

- Acute hemolytic transfusion reaction 2.2-7.9 per 100,000
- Transfusion-related acute lung injury (TRALI)
 - Plasma 0.4 per 100,000
 - Platelets 1 per 100,000

- Red Blood Cells 0.5 per 100,000
- Febrile reaction 1-3 per 100
- Allergic Reactions
 - Mild urticarial reaction 112.2 per 100,000
 - Anaphylaxis 8 per 100,000

Other complications

- Transfusion Associated Circulatory Overload 10.9 per 100,000

Note that cryoprecipitate transfusion involves pooling of multiple units, and thus risks of infectious disease exposure increase with the size of the pool.

Alternatives

Preoperative autologous donation is available through the American Red Cross or any hospital that is appropriately accredited or licensed.

Intraoperative and/or post-operative red cell recovery may also be feasible.

Additional Information

If you need additional information or assistance in dealing with patient questions, please contact the Blood Bank (ext. 5-7207) and ask to speak to the Transfusion Medicine Physician.