OLIVE VIEW-UCLA MEDICAL CENTER POLICY & PROCEDURE

NUMBER: 187 VERSION: 4

SUBJECT/TITLE: COMPLIANCE WITH BLOOD TRANSFUSION CONSENT GUIDELINES

- **POLICY:** Consent will be obtained, and information provided on the risks, benefits, alternatives, and right of refusal, for all blood and blood product transfusions.
- **PURPOSE:** To ensure uniform and accurate compliance with obtaining consent for the transfusion of blood and/or blood products as per DHS Policy 314 "Informed Consent", Olive View-UCLA Medical Center Policy 215 "Consent Policy", and applicable standards of The Joint Commission and other regulatory bodies.
- **KEYWORDS:** blood, transfusion, consent, blood products, patient's guide, directed donation, special instructions for blood transfusion, OV2289
- **DEPARTMENTS:** ALL
- **DEFINITIONS:** Blood or blood products: includes whole blood, packed red blood cells (PRBCs), platelets, cryoprecipitate, or fresh frozen plasma. Excluded is "cell saver" RBCs, and products extracted from plasma (e.g., albumin, IVIG).
- **PROCEDURE:** A. Whenever there is a reasonable possibility, as determined by a physician, that a transfusion with a blood or blood product is necessary, or may be necessary, the patient must sign an informed consent document and receive "A Patient's Guide to Blood Transfusions Information Sheet".
 - a. The informed consent document used for this process is "INFORMED CONSENT TO BLOOD TRANSFUSION", which is available through the iMED application. This form can be filled out online and printed with the patient information included; or a blank form can be utilized, filling in the patient information as required either by hand or utilizing a patient ID sticker (a blank form attached as Attachment 1).
 - b. The **"Patient's Guide to Blood Transfusion Information Sheet"** should be given to the patient after he/she is consented. This form is available either through the iMED application (as the fourth page of the IFORMED CONSENT TO BLOOD TRANSFUSION document, or as a separate document which can be printed from the iMED application (BLOOD TRANSFUSION PATIENT GUIDE; Attachment 2).

- B. If a blood transfusion is a possible consequence of a planned, non-emergent procedure, the provider should, when consenting the patient, discuss the risks and benefits of autologous, directed, or non-directed blood. The provider must explain that since Olive View-UCLA Medical Center does not have a full service blood bank, patients interested in autologous or directed donation should contact the American Red Cross Blood Donor Services (800-696-1757) to locate a donation center which can assist with this request. A "Special Collection Order" must be completed by the physician prior to referring the patient, as instructed in the American Red Cross "Procedure for Scheduling Autologous and Directed Donations". For questions or assistance regarding this process, contact OVMC Blood Bank.
- C. The consent agreement documents must be completed by the patient and the physician. Patients admitted to the hospital will be consented with each admission. This applies to patients registered in the Emergency Room and Observation Unit. Patients receiving blood or blood component transfusions in the outpatient setting (patients registered for care in the Special Treatment Center, Infusion Center, Urgent Care, any of the ambulatory clinics, or outpatient procedure areas) need to be consented only once per year.
- D. If a patient is refusing blood and blood component transfusion, or has Special Instructions for Blood Transfusion (e.g., acceptance of specific products), the patient's instructions should be documented using either of these two forms:
 - a. REFUSIAL FOR BLOOD TRANSFUSION / SPECIAL INSTRUCTIONS FOR BLOOD TRANSFUSION, which is available through the iMED application (see Attachment 3).
 - b. ADDENDUM TO THE BLOOD TRANSFUSION CONSENT, OV2289 (9-14), which is available as a printed form, or from the OVMC Intranet "Forms" page.
- E. If a patient is unable to consent to a procedure due to lack of capacity and an emergency medical situation is present, then the process for Emergency Treatment Exception as detailed in Section II.E., Policy 215, "CONSENT POLICY" should be followed.
- F. If telephonic consent is needed, the process for telephone consent as outlined in Section II.D., Policy 215, "CONSENT POLICY" should be followed.

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Attachments:

Attachment 1: INFORMED CONSENT TO BLOOD TRANSFUSION (08/2015) Attachment 2: BLOOD TRANSFUSION PATIENT GUIDE Attachment 3: REFUSIAL FOR BLOOD TRANSFUSION / SPECIAL INSTRUCTIONS FOR BLOOD TRANSFUSION Attachment 4: ADDENDUM

References: The Joint Commission Health and Safety Code, Section 1645 California Hospital Association, Consent Manual California Blood Bank Society, www.cbbsweb.org Technical Manual, 19th Edition, 2017 Standards for Blood Banks and Transfusion Services, 30th Edition, 2015 DHS Policy 314 "Informed Consent" Olive View-UCLA Medical Center Policy 215 "Consent Policy" Olive View-UCLA Medical Center Policy 262 "Blood and Blood Component Refusal" Approved by: Bonnie Bilitch (Chief Nursing Officer), Judith Maass Date: 09/13/2019 (Chief Executive Officer), Rima Matevosian (Chief Medical Officer) Review Date: 5/31/2011, 08/29/2017, 09/13/2019 Revision Date: 10/07, 05/11 Next Review Date: 09/13/2022 Distribution: Olive View Hospital-Wide Policies Original Date: 05/23/2007