

My doctor/provider \_\_\_\_\_ may decide that I need a blood transfusion during my current hospitalization or clinic visit. A “blood transfusion” is when red blood cells, plasma, and/or other parts of blood that have been collected from healthy, volunteer donors is put into my bloodstream through my vein.

I understand my doctor will decide on the right amount and type of blood product for my condition. Each unit of blood is 250-350 mL (1 – 1.5 cups) for an adult (for a child, the volume is adjusted for body size), and the transfusions may take 15 minutes to several hours.

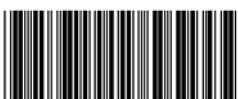
Blood collection and processing is performed by specialized personnel under highly regulated circumstances in order to produce the safest, most effective blood products for transfusion.

**Indications for transfusion:** I have been informed of the reason I need a transfusion. Most often, transfusions are given to correct anemia (low blood count) or to replace blood from severe bleeding.

**Benefits:** Blood transfusions are given to help treat my disease. The purpose is to replace something that is missing from my blood. Transfusions may be given if I don’t have enough blood to carry oxygen to my body’s organs or if my blood needs help making normal clots.

**Risks:** Although blood transfusions are generally very safe, and every unit of blood is tested for safety, there are some risks associated with them. Careful testing is done on all blood units to make these possible risks very small, but testing is not perfect and may not prevent all the risks. In very rare circumstances some of these side effects may cause death.

Risk	Risk per unit of blood	Severity
Allergic reactions: - Mild - Moderate - Severe	1 in 100  1 in 50,000	Ranges from - Hives and itching to - Low BP, nausea, difficulty breathing to - Shock
Fever	1 in 200	Temporary; not harmful
Injury to the lungs	1 in 1,200 to 190,000	1:10 risk of death if complication occurs
Contamination of product causing bacterial infection in patient’s bloodstream.	1 in 10,000 to 100,000	Severe to life-threatening
Too much fluid in your bloodstream	Less than 1 in 100	Ranges from mild to severe
Too much iron in your bloodstream and tissues	Can occur after 10-20 red blood cell transfusions if patient is not bleeding	Ranges from mild to severe
Breaking apart of red blood cells	1 in 25,000	Ranges from mild to severe
Viral infection	Every unit of blood is tested for all major viruses; the risk of getting HIV, Hepatitis C, or Hepatitis B from a blood transfusion is close to 1 in 1,000,000 to 1,500,000.	



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Name:  
MRN:  
FIN:  
DOB: Gender:

**Alternatives:** If I am having a planned operation, it may be possible to save my own blood lost during the surgical procedure and return it to my bloodstream. I can also choose to refuse all blood transfusions or make specific requests for blood transfusion (document on form "Refusal for Blood Transfusion"). I may refuse a transfusion at any time (even after it has been started). In some circumstances, without a blood transfusion, I might become sicker or even die. If my blood count becomes very low, without a transfusion, I could suffer permanent damage to my organs (including heart attack, stroke, and kidney failure) that could leave me permanently disabled.

**SIGNATURES FOR CONSENT** (print legible)

My signature below indicates that:

- 1) I have received a copy of the brochure "If You Need Blood: A Patient's Guide to Blood Transfusions",
- 2) I have received information concerning the risks and benefits of blood transfusion and of any alternative therapies,
- 3) I have had the opportunity to discuss this matter, including pre-donation, with my provider. I have been given the opportunity to ask questions which have been answered by my provider and

**Select One**

\_\_\_\_\_ I consent to such blood transfusions as my provider may order and give permission to  
INITIAL authorize staff to perform these transfusions.

\_\_\_\_\_ I have special instructions in regards to blood transfusions that I will and will not authorize  
INITIAL during this hospitalization or clinic visit (**fill out and sign Refusal for Blood Transfusion/Special Instructions for Blood Transfusion Form**)

\_\_\_\_\_ I **DO NOT** consent to any blood transfusions my provider may order (**fill out and sign Refusal  
INITIAL for Blood Transfusion/Special Instructions for Blood Transfusion form**)

Patient/Parent/Conservator/Guardian (if signed by other than patient, indicate relationship):

<b>Patient/Parent/Conservator/Guardian Name</b> (print)	Signature	Relationship	Date	Time

Witness

<b>Witness Name</b> (print)	Signature	Title (MD, RN, etc.)	Date	Time



Name:  
 MRN:  
 FIN:  
 DOB: Gender:

**PROVIDER ATTESTATION**

I, \_\_\_\_\_ the undersigned provider:

Provider Name (Print)

\_\_\_\_ Hereby attest that I have discussed blood transfusion with the patient or person legally  
Initial authorized to give consent on behalf of the patient. This discussion included all of the  
information contained in this form, including any adverse reactions that may potentially occur.  
The patient has been given the opportunity to ask questions, and has been given a copy of the  
state of California Department of Health Service information pamphlet, If You Need Blood: A  
Patient's Guide to Blood Transfusions.

OR

\_\_\_\_ Have made the medical decision to administer blood transfusion(s) without obtaining prior  
Initial informed consent from the patient or legal guardian, because: 1) the patient lacks capacity to  
provide consent, 2) no legal representative is available, and 3) transfusion is medically urgent  
such that waiting to obtain the consent would result in serious adverse consequences to the  
patient.

\_\_\_\_\_  
Provider Name (print)                      Signature                      Provider SID #                      Date                      Time

**INTERPRETER SERVICES (DHS Policy 314.2)**

If an interpreter is used, the Interpreter Attestation during Informed Consent (Form HS-1001) **MUST** be used. Interpreter used:

- No
- Yes, complete and attach HS 1001
- Provider consented the non-English speaking patient in \_\_\_\_\_  
Patient's Language

*Any blank space on the remainder of this page is intentional*



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Name:  
MRN:  
FIN:  
DOB:                      Gender:

## A PATIENT'S GUIDE TO BLOOD TRANSFUSION

(Adapted from the brochure developed by the California Department of Health Services, January 2018)

This guide is provided as a source of information.

It is not to be considered a replacement for the informed consent process prior to the transfusion of blood

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**If you need blood**, you have several options. These options include receiving blood from the community using your own blood (autologous), or blood from donors that you have selected (designated donors). Your options may be limited by time and health factors. Although you have the right to refuse a blood transfusion, this decision may hold life-threatening consequences. It is important to weigh the risks, costs and benefits of donating your own blood before surgery. Many elective surgeries do not require blood transfusions. If you have questions about transfusion needs or options, please ask your doctor. Check with your insurance company about your costs for donation. If you choose not to donate your own blood, or if more blood is required than expected, you may receive blood other than your own.

**Community Donors** Hospitals maintain a supply of blood from volunteer (unpaid) community donors to meet transfusion needs. Community blood donors are screened by a thorough medical history, and then tested with the most accurate technology available. Our nation's blood supply is very safe and high in quality. Nothing in life is risk free; however, the risks associated with blood transfusions are very small. The chance that a unit (pint) of blood will transmit Human Immunodeficiency Virus (HIV) (the virus that causes Acquired Immunodeficiency Syndrome (AIDS) or hepatitis C is about 1 in 1.5 million. The chance that a unit (pint) will transmit hepatitis B is 1 in 1 million.<sup>1\*</sup> Although the risk for other serious infections exist, that risk is much less than the annual risk of dying in a motor vehicle accident in the United States (1 in 9,000)<sup>2</sup>.

### Using your own blood – Autologous Donation

Using your own blood (autologous) can minimize the need for transfusions with donor blood. Using your own blood will reduce, but not eliminate, the risk of transfusion-related infections and allergic reactions. Patients who donate their own blood before surgery have lower blood levels at the time of surgery and, therefore, have a greater chance of needing transfusions during or after their surgeries. Autologous blood donations are not an option for all patients. It may not be safe for you to donate. Ask your doctor if autologous donation is appropriate for you.

**Donating BEFORE surgery** Blood banks can draw your blood and store it for your use. This process usually is performed for a planned surgery. Blood can be stored for only a limited period of time, so coordinating the donations with the date of surgery is important.

### Donating DURING and/or AFTER surgery

Immediately before surgery, your doctor may be able to remove some

of your blood and replace it with other fluids. After surgery, the blood that was removed may be returned to you. In addition, the surgeon may be able to recycle your blood during surgery. Blood that normally is shed and discarded during surgery could be collected, processed, and returned to you. A large volume of your blood can be recycled in this way. Blood that is lost after surgery may be collected, filtered, and returned to you.

**Designated Donors** Although the blood supply today is very safe, some patients prefer to receive blood from people they know – “designated (or directed) donors.” This blood is not safer than blood from volunteer community donors. In some cases it may be less safe because donors known to the patient may not be truthful about their personal history. Blood donated by someone who was recently exposed to HIV or others infections could pass the screening tests, and infect you. Designated donors must meet the same requirements as community donors. Several days' notice is required for the additional processing of designated donors.

**If you have additional questions** about your options for blood transfusion, please ask your doctor. Information also can be obtained by calling your local community blood bank.

#### References:

1.0 Stramer SL, Glynn SA, Kleinman SH at al. “Detection of HIV-1 and HCV infections among antibody-negative blood donors by nucleic acid-amplification testing.” New England Journal Medicine vol 351, pp. 760-768, August 2004. \*The risk estimates were adjusted to include first time and repeat blood donors. US Department of Transportation's Fatality Analysis Reporting System website 2016 data:  
[http://www.hwysafety.org/research/fatality\\_facts/general.html](http://www.hwysafety.org/research/fatality_facts/general.html)

This information sheet is adapted from the brochure “A patient's guide to blood transfusion (January 2018)” developed by

The California Department of Health Services Laboratory Field Services, 850 Marina Bay Parkway, Richmond, CA 94804. In partnership with the Medical Technical Advisory Committee of the Blood Centers of California

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