

PATIENT INFORMATION, CONSENT FOR TRANSFUSION AND DISCHARGE DOCUMENTATION

1) INTRODUCTION

For all patients, consideration must be given to the use of transfusion alternatives in the treatment of anaemia before the decision to transfuse donor blood is made.

A patient becomes anaemic when their Haemoglobin (Hb) falls below the normal range; therefore, investigation and appropriate management should be commenced as soon as the anaemia is discovered rather than waiting until they become symptomatic.

Medical staff should, where possible, obtain blood samples to investigate the cause of anaemia prior to transfusion, as results from samples obtained afterwards will not aid the diagnosis.

2) INFORMED CONSENT

It is an accepted principle that a patient should give valid consent before receiving medical treatment, and this includes when they receive a blood transfusion. ([SaBTO 2011, updated 2020](#))

Patients who have been given a blood transfusion and were not able to give informed and valid consent prior to the transfusion are informed of the transfusion prior to discharge and provided with relevant paper or electronic information.

All patients who have received a transfusion have details of the transfusion (type[s] of component), together with any adverse events associated with the transfusion, included in their hospital discharge summary to ensure both the patient and their family doctor are aware.

Important points to discuss when consenting patient for blood transfusion:

- the reason for the transfusion
- the benefits of the transfusion

Red cells:

Relieve symptoms of anaemia
Prevent complications of anaemia (tissue ischaemia, organ damage);
Earlier mobilisation/quicker recovery after illness or surgery

Platelets/plasma:

Stop or prevent bleeding etc.

- the risks of transfusion – both short- and long-term risks (and including any additional risks pertinent to long term multi-transfused patients): RISKS and actual or potential consequences:
 - Wrong blood/wrong patient
 - Febrile non-haemolytic reaction
 - Allergic reaction
 - Pulmonary complications:
 - Transfusion-Associated Circulatory Overload (TACO)
 - Transfusion-Related Acute Lung Injury (TRALI)
 - Haemolytic Transfusion Reaction - acute or delayed
 - Transfusion Transmitted Infection - bacterial, viral, other
 - Antibody formation
 - Iron overload
 - Other complications
- any transfusion needs specific to them
- any alternatives that are available, and how they might reduce their need for a transfusion:

Red cells:

Iron therapy (oral/IV);

Other haematinic replacement (B12, folate); Erythropoietin;

Cell salvage (surgery)

Plasma:

Factor concentrates if applicable

Platelets:

Tranexamic acid

- the possible consequences of refusing a blood transfusion
- the transfusion process
- that they are no longer eligible to donate blood
- that they are encouraged to ask questions

Although it is not a legal requirement in the UK to obtain written consent for a transfusion, the Doctor should discuss treatment options with the patient before reaching a decision to authorise any blood component. An entry of this discussion and the reason for transfusion should be made on the Blood Transfusion Prescription and Record Card by the blood authoriser.

Patient information leaflet is available from the Transfusion Practitioners or from Blood Issue Fridge Room and should be used to guide the consent process.

If a patient has received donor blood, it is essential that the patient is aware of this, as it will affect the patient's eligibility to donate blood in the future. It is the responsibility of the Consultant under whose care the patient is, or a member of his or her team, to inform the patient of any transfusion they have received whilst confused, under anesthetic or strong analgesia.

The minimum dataset to be recorded in patient's clinical records should contain documentation of the reason for transfusion, the information provided to the patient (risks, benefits, and possible alternatives to transfusion) and consent to proceed. BCSH (2017)

3) PATIENTS WHO DECLINE TRANSFUSION

Any competent adult is entitled to consent to surgical or other interventions, but to specifically exclude certain additional procedures such as a blood transfusion.

All patients who decline donor blood must be fully informed and understand the potential consequences of their decision. Alternatives to blood transfusion must be considered and other clinical strategies for managing haemorrhage and anaemia discussed. An early referral for advice should be made to the Lead Consultant for Transfusion or Clinical Haematologists.

For elective surgery, Pre-Operative Assessment clinics must identify any patient who declines transfusion and refer them to the relevant Anaesthetist to ensure that the patient's Haemoglobin is optimised and that blood conservation measures will be available during surgery.

Clinicians should refer to UHDB [Trust Policy and Procedures for Managing Requests of Exclusion from Treatment with Blood Components/Products](#)

and must use the associated Checklist to document the patient's decision to decline blood components and the agreed management plan.

Properly executed Advance Directives must be respected.

For Jehovah's Witnesses, the avoidance of blood transfusion is a deeply held core value. Most Jehovah's Witnesses will not accept transfusion of any donor blood component. The acceptance of alternatives varies between Jehovah's Witnesses, and the views of the patient must be ascertained.

A Jehovah's Witness patient may wish to involve their support network - the Hospital Liaison Committee - contactable 24 hours a day on emergency mobile 07860 115211 Other contacts are listed in the [UHDB Trust Policy and Procedures for Managing Requests of Exclusion from Treatment with Blood Components/Products \(appendix 6\)](#).

4) PATIENT INFORMATION LEAFLETS

Patient Information leaflets are an important part of the consent process.

It is recommended by [NICE Transfusion Guidelines](#) that patient information leaflet should be used to guide patient decision making in instances where patient/carer has a capacity to understand given information and there is a sufficient time to process this information. We use NHSBT information leaflets that can be obtained from Blood Issue Fridge room (where the blood is collected from) or from the transfusion practitioners dhft.htt@nhs.net

5) DISCHARGE

It is important to clearly communicate on discharge to patients and staff involved in the care of the patient about blood components and/or blood products administered and any complications such as TACO. Transfusion information MUST be the part of the discharge summary. For patients who are discharged soon after completion of blood transfusion, [Following your transfusion](#) patient information leaflet should be provided, with the information about what to do if they become unwell.

References:

[Following your transfusion information leaflet](#)

[Blood Transfusion Patient Consent MHRA](#)

[NICE Blood Transfusion Guidance](#)