

COUNTY HOSPITAL

INFORMED CONSENT TO TRANSFUSION OF BLOOD OR BLOOD PRODUCTS

In the course of treatment(s), your physician may recommend the transfusion of various blood components or derivatives. This form provides basic information concerning this procedure and, if signed by you, authorizes its performance by qualified medical personnel attending you.

Blood used for transfusion at this hospital is drawn at from volunteers who receive no payment for their donations. These donors are carefully screened according to rigorous standards of the Federal Food and Drug Administration ("FDA"). Before shipment to the hospital, the blood product is tested in various ways for blood group, type, the presence of certain infectious disease markers, etc. Some important tests are confirmed at this hospital. This blood may be issued as various kinds of red cells, fresh frozen plasma, cryoprecipitate, platelets, or other miscellaneous products.

In some instances, a blood product will be used that is derived from the blood of multiple donors who are paid for their donations and is manufactured by commercial vendors who are licensed by the FDA. These blood products include various types of "Factor VIII or IX" concentrate, serum albumin, plasma protein fraction, intravenous gamma globulin (IVIG), etc.

RISKS:

Although all currently available precautionary measures are taken to assure the safety of blood transfusion, there are certain significant risks. Basically, three (3) levels of risk are involved.

TEMPORARY REACTIONS OF ALL ALLERGIC OR HYPERSENSITIVITY NATURE ARE NOT UNCOMMON. These could include headaches, itching, rashes, nausea, transient fever and/or chills.

SERIOUS INCOMPATIBILITY REACTIONS can result in a condition called hemolysis, which is destruction of blood inside the body, and can cause a variety of symptoms including headaches, back pain, kidney failure, and even death. This is rare in modern hospitals where (i) extreme caution to correctly identify the recipient of blood is always used, and (ii) compatibility tests are made, when appropriate, in the blood bank prior to release of the blood.

TRANSMISSION OF BLOOD BORNE DISEASES by transfusion is possible, even though strict methods of testing for them are currently being utilized. Such tests are not perfect; a donor carrying one or more blood borne viruses may escape detection. These blood borne viruses include acquired immune deficiency syndrome or AIDS virus (HIV), several kinds of hepatitis, and HTLV-1 (lymphoma virus). Also, there are other illnesses that are not routinely tested for and may be carried by the donor, such as cytomegalovirus.

ALTERNATIVES:

Alternative treatment to the conventional transfusion described above includes autologous transfusions and directed donations. You can receive your own blood (called an "autologous transfusion") or you can recruit specific donors for yourself (called "directed donations"). However, these alternatives may be impractical for various reasons, such as time constraints, the physical size of the patient, and associated medical conditions.

AUTOLOGOUS TRANSFUSION is one in which the patient receives his or her own blood. The patient pre-deposits an appropriate amount of his or her own blood at the contracted blood bank as prescribed by the surgeon in anticipation of a definite future surgery. At the time of the scheduled surgery, the patient's blood is obtained and transfused as needed.

DIRECTED DONATIONS is a procedure in which the patient recruits donors and sends them to the contracted blood bank. Such blood is slightly more costly and requires more time to obtain.

PATIENT'S ACKNOWLEDGEMENT AND CONSENT:

I, _____, have had the above explained to me. I understand the factors bearing on the decision to authorize a transfusion of blood, blood components, or blood derivatives. All of my questions have been answered to my full satisfaction. I hereby consent to such transfusion treatment as the qualified medical personnel attending me may decide is necessary or advisable during the course of my treatment.

PATIENT'S OR LEGAL GUARDIAN'S SIGNATURE

DATE

RELATIONSHIP, IF OTHER THAN PATIENT

WITNESS