

**CERTIFICATION and Progress Note  
Consent for the Elective Transfusion of Blood or Blood Products**

Place Patient Label

**Benefits:**

**Packed Red Cells**

Correcting anemia resulting from kidney failure, malignancies, gastrointestinal bleeding, etc.  
Replacing blood loss from trauma or surgery.  
Improving symptoms of shortness of breath, chest pain, and postural low blood pressure when anemia is contributing to these symptoms.

**Fresh Frozen Plasma / Cryoprecipitate**

Replacing clotting factors in patients with coagulation factor deficiency.  
Correcting the effect of Warfarin in preparation for surgery, when a patient is bleeding or is at high risk for bleeding.  
Correcting the coagulation factor deficiency in certain patients with diseases if there is a high risk for bleeding.

**Platelets**

Correcting low platelet counts in patients with certain diseases or during therapy that places the patient at a high risk for bleeding.  
Reducing the risk for bleeding in patients undergoing major surgery.  
Control bleeding in patients with a low number or malfunctioning platelets.

**Risks:**

Fever  
Immunization to WBC's or platelets  
Hemolytic transfusion reaction  
Delayed reaction (occurs 2 – 14 days after transfusion)  
- Hemolytic  
- Serologic (mild and usually not clinically important)  
HIV  
Hepatitis C  
Hepatitis B  
Bacteremia  
CHAGAS Disease  
West Nile Virus  
\* Other Risks include but are not limited to: allergy, volume overload, electrolyte + coagulation abnormalities, transfusion related Acute Lung Injury (TRALI), etc.  
Stramer, Susan L in Arch Pathol Lab Med Vol 131, 702-707 May 2007.  
AABB Technical Manual, 17<sup>th</sup> edition, 2011

**Alternatives:**

No transfusion.  
Using your own blood (Autologous transfusion)  
*Requires a minimum of 7 days processing time.*  
*Additional blood from the hospital or Red Cross supply may also be required.*  
Having family or friends provide the blood.  
*Has not been shown to be safer than blood from Red Cross supply. Requires a minimum of 7 days processing time.*  
Using other medication instead of transfusion.  
Referral to a Bloodless medicine program.

**PHYSICIANS: PLEASE FILL IN ALL SHADED SECTIONS OF THIS FORM**

**1. This patient requires transfusion of :**

PRBCs     Fresh Frozen Plasma/Thawed Plasma     CRYO     Platelets

**2. Likely outcome if no transfusion:**  bleeding, anemia     other: \_\_\_\_\_

**3. Patient's Decision-Making Capacity:**  Adequate     Inadequate (See "Informed Consent" policy)

**4. I have discussed the patient's need for blood or blood products, risks and alternatives and likely consequences of no treatment with the undersigned patient or authorized representative.**

**5.  I DO NOT consent to the administration of blood or blood products and I do understand the consequences of not receiving blood which may cause increased morbidity, including death.**

**6. I have been advised by my physician that transfusion of blood or blood products may be needed as part of the treatment plan. I have had a chance to read the benefits, risks and alternatives information above and have my questions answered. I do consent to the administration of blood or blood products if ordered by my physician. I have read the benefits, risks and alternatives information listed on the back of this form and have had my questions answered.**

This form lists the major risks of transfusion, but other risks may exist for you.

**If you have any issues or questions, please ask your physician before you sign the consent form.**

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\_\_\_\_\_  
Signature of Patient or Authorized Representative                      Relationship to Patient                      Date                      Time

**Patient/Authorized Representative (print name) \_\_\_\_\_ and, in my opinion, he/she fully understands the matters set forth in the Consent Form which he/she is signing voluntarily.**

\_\_\_\_\_  
Signature of Physician/Provider Obtaining Consent                      Date                      Time

\_\_\_\_\_  
Dictation ID #, Printed Name or Stamp

\_\_\_\_\_  
Signature of Witness (another individual who is familiar with the identity of the patient)                      Date                      Time

## **CLINICAL INDICATIONS FOR TREATMENT**

### **RED BLOOD CELLS**

Hemodynamically stable, non-bleeding patient:

- No evidence of end-organ ischemia, no history of coronary disease Hgb <7 g/dL
- History of cardiovascular or cerebrovascular disease Hgb <8 g/dL

\*Single unit RBC transfusions should be the standard for non-bleeding, hospitalized patients. Additional units should only be given after reassessment of the patient their Hgb value.

### **PLASMA (n.b: standard dose is 10 -15 mL/kg)**

- Prophylaxis for bleeding or central line removal: None
- Procedure: INR > 1.5
- Active Bleeding: INR > 1.8
- Intracranial bleeding or neurosurgery: INR > 1.5
- Emergency reversal of warfarin in bleeding patients and non-bleeding patient with liver disease going to surgery
- Massively transfused or bleeding patients undergoing cardiovascular surgery when accompanied by microvascular bleeding
- Plasma exchanges for TTP
- Other (DIC, specific protein deficiencies, prophylaxis for angioedema)

\*Plasma is rarely indicated or effective for an INR  $\leq$  1.5

### **CRYOPRECIPITATE**

- Bleeding or hemostatic challenge with fibrinogen level < 100 mg/dL
- Bleeding post-cardiopulmonary bypass

### **PLATELETS**

- Prophylaxis against bleeding: <10,000/uL
- Known coagulopathy or outpatient; <20,000/uL
- Bedside or low-risk procedure (e.g., thoracentesis, central line placement): <30,000/uL
- High-risk procedure, surgery or active bleeding; <50,000/uL
- Neurosurgery or bleeding post-cardiopulmonary bypass: <100,000/uL
- Active bleeding and ingestion of aspirin or clopidogrel within 5 days: Any count

*\*When multiple hemostatic defects are present in the same patient, other thresholds may apply\**

*DO NOT give platelets in setting of TTP or HIT! Platelets may not be useful in setting of ITP, PTP, DIC, or uremia.*