

# What do you need to do to gain Consent for Blood Transfusion?

**Dr Shubha Allard**  
**Consultant Haematologist**  
**Barts Health NHS Trust and NHS Blood and Transplant**



- General legal & ethical principle
- valid consent should be obtained from a patient before they are treated

Consent for Blood Transfusion

British Committee for  
Standards in Haematology

NHS Quality Improvement  
Scotland

Handbook of Transfusion  
Medicine

Consent: patients  
and doctors making  
decisions together

General  
Medical  
Council

Regulating doctors  
Ensuring good medical practice

Guidance for doctors



# SaBTO

Advisory Committee on the Safety of  
Blood, Tissues and Organs

**2010: Valid consent for blood transfusion should be obtained and documented in the patient's clinical record**

# What entails valid consent for Blood Transfusion?

1. Informing patient of indication for transfusion
2. Explaining risks and benefits
3. Discussing alternatives to transfusion
4. Obtaining a signature from the patient
5. All of the above
6. Don't know

**GUIDANCE FOR CLINICAL STAFF TO SUPPORT PATIENT CONSENT FOR BLOOD TRANSFUSION**

**Patient may require Blood / Blood Component Transfusion**

Patients receiving a blood transfusion (red cells, platelets or plasma) whether for a medical or surgical cause should be informed of the indication for the transfusion including risks, benefits and alternatives. A record of this discussion should be documented in the patient's clinical records.

Ideally the decision to transfuse should be made with the patient or parent/carer in advance of any planned transfusion.

In the emergency setting, the information will need to be given retrospectively.

**Prospective Information**

Valid consent\* should be obtained prior to any planned transfusion and documented in the patient's clinical record.

\*Valid consent entails the provision of information on risks, benefits and alternatives available before asking the patient to give consent. This does not have to include a signature from the patient.

**Retrospective Information**

Patients treated in emergency setting where it was not possible to obtain valid consent pre-transfusion.

Patients who were told pre-procedure (e.g. pre-operatively) that they *might* require a transfusion who then need to be informed whether they did/did not receive a transfusion.

**Key issues to be discussed when obtaining valid consent**

1. The following information should be discussed:
  - o Type of blood / blood component
  - o Indication for transfusion
  - o Benefits of the transfusion
  - o Risks of transfusion
  - o Possible alternatives to transfusion
  - o How the transfusion is administered and the importance of correct patient identification
  - o Inform patient that following a blood transfusion they can no longer be a blood donor
2. Provide written information
3. Check if patient needs time to consider or requires further information
4. Document the discussion in the patient's clinical records

**At discharge**

1. If patient has had a transfusion ensure that they have been informed.
2. Record information about the transfusion in the discharge letter and consider inclusion of the following statement: the patient has received a blood transfusion during their admission and has been informed that he / she can no longer be a blood donor.

Key issues to be discussed:

Indication for transfusion

Benefits of Transfusion

Risks of Transfusion

Possible alternatives to transfusion

Provide written information

Does the patient have any questions

Documentation of discussion in patient notes



**Does your hospital have a policy stating that valid consent should be obtained for transfusion?**

- 1. Yes
- 2. No
- 3. Don't know

# Which patients should be consented for transfusion?

- General principles remain the same
- Information should be provided whether the patient is a child, adult or unconscious patient, and whether it is an urgent or routine transfusion
- However differences in process

# How can we implement consent for transfusion?

- Hospital Transfusion Teams
- Engagement key clinical users
  - Discipline specific
  - Patient Blood Management Groups
  - Agreed consensus policy
- Role of Consultant Lead for Transfusion



# Training

- Who needs to be trained?
- Who does the training?
- And how?
- Burden of training often falls on Transfusion Practitioners
  - Cascade training, Training within teams
  - elearning

# LearnBloodTransfusion -Consent

## *Module Outline*

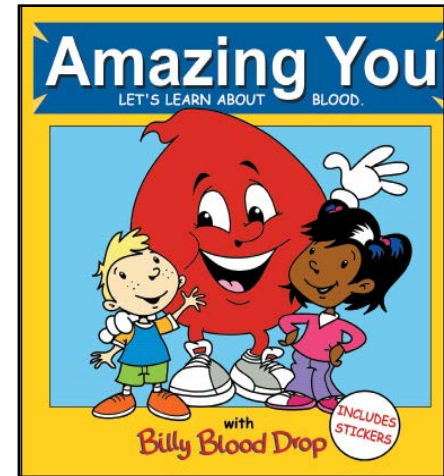
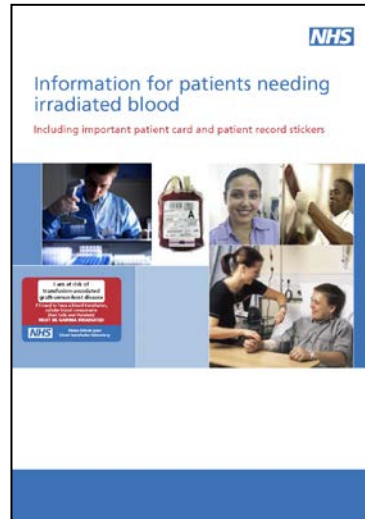
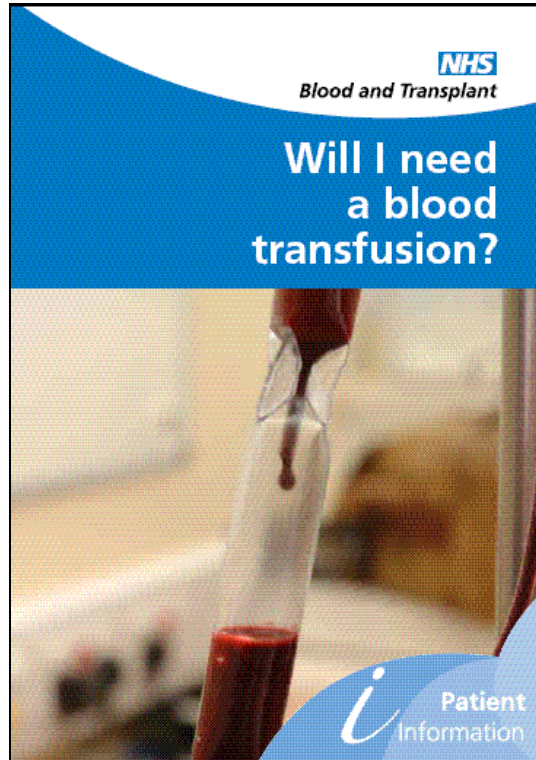


**Also includes:**

- **Interactive learning scenarios**
- **Learning assessment**

# Patient Information

[www.hospital.blood.co.uk](http://www.hospital.blood.co.uk)



[www.blood.co.uk](http://www.blood.co.uk)



# **Estimate propn of patients within your hospital given an information leaflet prior to an elective transfusion**

- <10%
- 10-30%
- 31-60%
- 61-90%
- >90%
- Don't know

# Patient information and consent

not much data or published research

- **Court E et al Trans Med 2011**
- 164 patients
  - 59% said they received explanation around needing a transfusion
  - only 27 % aware of an information leaflet
- **Davis R et al Trans Med 2012**
- 110 patients
  - 61 recalled giving consent, 22 would have liked more information
- 123 doctors, nurses & midwives
  - 83 felt that patients not given sufficient information about transfusion
- **Friedman M et al Am J Clin Pathol. 2012**
- Informed consent for blood transfusion: what do medicine residents tell?  
What do patients understand?

# National Comparative Audit of Patient Consent

Planned start Jan 2014

## Consent Standard

Documentation in notes –reason for Tx, discussion with patient

Consideration potential risks/ benefits, alternatives

- Organisational questionnaire
- Patient data for transfusion episode
- Patient questionnaire
- Staff knowledge and awareness
- Excluding emergency cases
- Pilot completed autumn 2013




# **25y male road traffic accident fractured femur needs surgery**

- Which of the following statements do you agree with?
- 1. Consider if patient able to give consent to transfusion prior to surgery
- 2. Emergency surgery should not be delayed pending patient information and consent for Tx
- 3. Retrospective information should be given if consent not obtained prior to Tx
- 4. All of the above

# **Patient information and consent for transfusion is an essential component of Patient Blood Management**





A green wooden sign with a weathered, slightly irregular shape is mounted on a dark brown wooden fence. The sign is held in place by four small metal screws, one in each corner. The background shows a blurred view of green foliage and a wooden fence. The text on the sign is in a bold, black, sans-serif font, arranged in four lines.

**WHEN EVERYTHING FEELS  
LIKE AN UPHILL STRUGGLE,  
JUST THINK OF THE VIEW FROM  
THE TOP.**

THE THINGSWE SAY.COM