

New York State Council on Human Blood and Transfusion Services

RECOMMENDATIONS FOR CONSENT FOR TRANSFUSION

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**New York State Council on Human Blood and Transfusion Services
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COUNCIL ON HUMAN BLOOD AND TRANSFUSION SERVICES**

RECOMMENDATIONS FOR CONSENT FOR TRANSFUSION

It is recommended that each transfusion service director review policies and procedures governing the process of obtaining patient consent for blood transfusion. Such policies and procedures should include guidelines that address minimal requirements for consent, specifying the treatments that require specific informed consent (*e.g.*, administration of blood components or derivatives, and transplantation of tissue), and the duration of a single consent (*e.g.*, completion of one transfusion, a single course of therapy, or a single hospital admission). Under New York State law, consent is not required in an emergency situation if, in the physician's judgment, a patient needs to be transfused immediately, and an attempt to secure consent would result in a treatment delay that would pose a risk to the patient's life or health. Such emergency transfusions should be administered only in the absence of documented opposition to transfusion, in accordance with institutional policy. Institutions should establish policies regarding consent for minors and for adults who lack capacity to consent. Such policies and procedures, as they apply to transfusion, should be subject to periodic review by the institution's transfusion committee. Each transfusion service director should ensure that all health care practitioners responsible for informing potential transfusion recipients about blood transfusion have ready access to current information about the benefits and risks of blood transfusion, as well as available transfusion alternatives.

It is recommended that a physician, prior to ordering a blood transfusion for his or her patient:

1. discuss with that patient:
 - a. the nature and purpose of the transfusion;
 - b. the risks of the transfusion;
 - c. the likely benefits of the transfusion; and
 - d. the alternatives to transfusion available, including the consequences of declining transfusion.
2. document these discussions and the patient's decision in the patient's medical record.

The documentation of consent for transfusion must be separate from documentation of consent for other treatment. The patient's active participation in the informed consent process, including his or her capacity to understand and ask questions about the proposed course of treatment, should be noted in the medical record. If the patient refuses to consent to transfusion, such refusal should be fully documented and communicated to all of the patient's caregivers.

PERTINENT LITERATURE

Burch JW, Uhl L. Guidelines for informed consent in transfusion medicine. Bethesda, MD: AABB, 2006.

Price TH, ed. Standards for blood banks and transfusion services. 25th ed. Bethesda, MD: AABB, 2008.

Stowell CP, Sazama K, eds. Informed consent in blood transfusion and cellular therapies: Patients, donors and research subjects. Bethesda, MD: AABB Press, 2007.