

| Queensland Government | URN: |
|---|-----------|
| | Family n |
| Blood and Blood Products | Given na |
| Transfusion Consent | |
| | Address |
| Facility: | Date of b |
| A. Interpreter / cultural needs | |
| An Interpreter Service is required? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$ | No |
| If Yes, is a qualified Interpreter present? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$ | No |
| A Cultural Support Person is required? | No |
| If Yes, is a Cultural Support Person present? Yes | No |
| This consent primarily includes intravenous or centrovenous line infusion of fresh blood and blood products, red cells, platelets and plasma (e.g. fresh frozen plasma and cryoprecipitate) | 1 |
| B. Why am I having a transfusion? | |
| Your doctor has recommended that you have a transfusion of blood or blood products, which are frovolunteer donors. Blood is collected and screened the Australian Red Cross Service. | |
| A transfusion is necessary to replace a part of your blood and is given to either; | |
| replace red blood cells to treat or prevent anaemia, improve oxygen transport and relieve symptoms of dizziness, tiredness or shortness breath or | |
| to give you platelets to help stop or prevent bleeding or | |
| to give a fresh plasma product to stop, treat or prevent bleeding. | |
| Transfusions are given via cannulae (needle in you vein) or via a central line into your vein. During your transfusion you will be closely watched for any possible reactions. You will also be regularly checked as to whether you may need another blood transfusion. | - |
| The doctor has explained that I have the following medical condition for which I need a transfusion: (Doctor to document in patient's own words) | |
| | |

| | (Affix identification label | here) | |
|-------------------------------|---|--|----------|
| | | | |
| name: | | | V |
| name(s): | | | |
| s: | | | |
| f birth: | Se | ex: M F I | V |
| Start Da | ate of Transfusion | | |
| Eg. 10/ | 01/2008 | | V |
| | mate end Date of sion. Eg. 20/06/2008. | | |
| | consent is required after 12 from start of transfusion. | | |
| | sks of blood and bl | ood products | |
| | ommon reactions to free | sh blood or blood | |
| | ts that are being transfu | | |
| _ | h temperature | | |
| | sh, itching and hives | | |
| • fee | eling a bit unwell. | | |
| Rare ris | sks are: | | ı |
| • hav | | ds giving you shortness | * |
| • had ce | | breakdown of red blood | |
| co tiss in s all | women they can potent current and future unbo | ions and/or organ or complications develop ially cause problems for orn babies. | |
| • the | g injury causing shortne spread of viral or other blood of the donors. | | Ì |
| | y rarely, these above revere harm or possibly d | | |
| transfu | are specific problems for sions that may be releved on. Your Doctor will disconners | ant to your medical | |
| D. O | ther relevant treatm | ent options | |
| blood to replace and/or | e situations there maybransfusion and these in ement with saline or otheron supplements. | clude – fluid er artificial compounds | |
| | <u>octor will discuss these</u> s are not suitable for ev | | |
| (Docto | or to document in space of the document in space of Record if necessary.) | | |
| | | | |
| | | | |
| | | | |
| | | | |

Red Cells

Platelets

Fresh Frozen Plasma

Cryoprecipitate

FREQUENCY OF THE TREATMENTS. (Doctor can specify that the frequency may vary during the course of treatment)



Blood and Blood Products Transfusion Consent

Facility:

| | (Affix identification | label here) | | |
|----------------|-----------------------|-------------|---|--|
| URN: | | | | |
| Family name: | | | | |
| Given name(s): | | | | |
| Address: | | | | |
| Date of birth: | | Sex: M | F | |

| Ε. | Risks | of not havi | ng the | blood | and/o |
|----|-------|-------------|---------|-------|-------|
| | blood | products t | ransfus | sion | |

(Doctor to document in space provided. Continue in Medical Record if necessary.)

F. Patient consent

I acknowledge that the doctor has explained;

- my medical condition and the proposed procedure, including additional treatment if the doctor finds something unexpected. I understand the risks, including the risks that are specific to me.
- other relevant procedure/treatment options and their associated risks.
- my prognosis and the risks of not having the procedure.
- that no guarantee has been made that the procedure will improve my condition even though it has been carried out with due professional care.
- if immediate life-threatening events happen during the procedure, they will be treated based on my discussions with the doctor or my Acute Resuscitation Plan.

I have been given the following Patient Information Sheet/s:

| Ш | Consent |
|---|---|
| | Blood who needs it? A consumer brochure |
| | Blood Transfusion- Questions to ask your doctor |
| | Blood components: A guide for patients |

Pland & Pland Products Transfusion

- I was able to ask questions and raise concerns with the doctor about my condition, the proposed procedure and its risks, and my treatment options. My questions and concerns have been discussed and answered to my satisfaction.
- I understand I have the right to change my mind at any time, including after I have signed this form but, preferably following a discussion with my doctor.
- I understand that image/s or video footage may be recorded as part of and during my procedure and that these image/s or video/s will assist the doctor to provide appropriate treatment.

On the basis of the above statements,

| I request | to have the procedure | | | | | |
|-----------------|---|--|--|--|--|--|
| Name of Pat | ient: | | | | | |
| Signature: | | | | | | |
| Date: | | | | | | |
| Consent r | s who lack capacity to provide consent nust be obtained from a substitute decision n the order below. | | | | | |
| Does the (AHD)? | patient have an Advance Health Directive | | | | | |
| ☐ Yes ► | Location of the original or certified copy of the AHD: | | | | | |
| □ No ► | Name of Substitute Decision Maker/s: | | | | | |
| | Signature: | | | | | |
| | Relationship to patient: | | | | | |
| | Date: PH No: | | | | | |
| | Source of decision making authority (tick one): | | | | | |
| | ☐ Tribunal-appointed Guardian | | | | | |
| | Attorney/s for health matters under Enduring Power of Attorney or AHD | | | | | |
| | Statutory Health Attorney | | | | | |
| | If none of these, the Adult Guardian has provided consent. Ph 1300 QLD OAG (753 624) | | | | | |

G. Doctor/delegate Statement

I have explained to the patient all the above points under the Patient Consent section (F) and I am of the opinion that the patient/substitute decision-maker has understood the information.

Name of Doctor/delegate:

Designation:

| Н | Int | teri | are | ter' | S S | tate | ment |
|------|-----|------|-------|------|------------|------|------|
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I have given a sight translation in

(state the patient's language here) of the consent form and assisted in the provision of any verbal and written information given to the patient/parent or guardian/substitute decision-maker by the doctor.

| guardian/substitute decision-maker by the doctor. |
|---|
| Name of |
| Interpreter: |
| Signature: |
| Date: |



Consent Information - Patient Copy Blood and Blood Products Transfusion Consent

1. Why am I having a blood and/or blood products transfusion?

Your doctor has recommended that you have a transfusion of blood or blood products, which are from volunteer donors. Blood is collected and screened by the Australian Red Cross Service.

A transfusion is necessary to replace a part of your blood.

A transfusion is given to either;

- replace red blood cells to treat or prevent anaemia, improve oxygen transport and relieve symptoms of dizziness, tiredness or shortness of breath or
- to give you platelets to help stop or prevent bleeding or
- to give a fresh plasma product to stop, treat or prevent bleeding.

Transfusions are given via a cannula (needle in your vein) or a central line into your vein. You will be closely watched for any reactions. You will also be regularly checked as to whether you need another blood transfusion.

2. What are the risks of having a blood or blood products (fresh) transfusion

Most common reactions to the blood and blood products that are being transfused are:

- · high temperature
- rash, itching and hives
- · feeling a bit unwell

Rare risks are:

- having too much blood/fluids giving you shortness of breathe.
- Haemolysis, the abnormal breakdown of red blood cells
- the development of antibodies which may complicate future transfusions and/or organ or tissue transplants. If these complications develop in women they can potentially cause problems for all current and future unborn babies.
- lung injury causing shortness of breath.
- the spread of viral or other infectious germs from the blood of the donors.
- very rarely, these above reactions can cause severe harm or possibly death.

3. What are other relevant treatment options that you may have?

In some situations there may be other choices to a blood transfusion and these include- fluid replacement with saline or other artificial compounds and/or iron supplements. Please discuss these options with your doctor as they are not suitable for everybody.

Extra written information is available and may include:

 Blood who needs it? – A consumer brochure
 (Australian Government - National Health Medical Research Council)

http://www.nhmrc.gov.au/ files nhmrc/file/publications/synopses/cp83.pdf

Blood Transfusion – Questions to ask your doctor.

(Australian Red Cross Blood Service)

http://www.mytransfusion.com.au/node/questions-ask-your-doctor

English and multicultural patient information leaflets are available.

http://www.cec.health.nsw.gov.au/resources/

More detailed information can be found at the following websites.

Blood Components: A Guide for Patients
 (National Health Medical Research Council)

http://www.nhmrc.gov.au/ files nhmrc/file/publications/synopses/cp85.pdf

Australian Red Cross Blood Service

http://mytransfusion.com.au/

All sites provide excellent information, including statistical information.

| N | lotes to talk to my doctor about: |
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