

INFORMED CONSENT FOR TRANSFUSION

- Responsibility for obtaining it rests with the healthcare provider prescribing the transfusion
- Is in effect for the duration of the patient's admission or course of treatment
- May be waived if the need is urgent and no substitute decision maker is available and there is no evidence that the patient would refuse due to religious/personal reasons

Healthcare Provider Responsibilities

- Explain risks* and benefits
- Explain any alternatives available
- Describe the blood component/product to be transfused
- Give the patient an opportunity to ask questions
- Clearly document the reason for the transfusion

Transfusionist Responsibilities

- Confirm that informed consent has been obtained
- Verify patient identification
- Ensure the patient has had their questions answered
- Perform the check of the donor unit at the patient's bedside
- Check vital signs/monitor any symptoms of reaction

** See reverse for estimated risks of transfusion*

Monitor for Signs of a Reaction

Symptoms of adverse reaction to transfusion

Fever (38 °C or > 1 °C over baseline)

Chills or Rigors

Dyspnea or Shortness of Breath

Rash, Hives, Swelling

Anxiety or Agitation

Pain in Head, Chest or Back

Hypotension/Shock/
Nausea/Vomiting

Hypertension

What to do if transfusion reaction occurs

- 1. STOP THE TRANSFUSION IMMEDIATELY**
2. Maintain IV access and notify physician
3. Check vital signs every 15 minutes
4. Re-check patient and blood unit identification
5. Contact Transfusion Medicine Laboratory (TML)
6. Follow instructions for further specimen collection
7. Return blood unit and IV tubing to TML if requested

ESTIMATED RISKS OF TRANSFUSION

NON-INFECTIOUS COMPLICATIONS

	ESTIMATED RISK
Red cell sensitization	1 in 13
Minor allergic reaction (hives, urticaria)	1 in 100
Transfusion-associated circulatory overload (TACO)	1 in 100
Febrile non-hemolytic transfusion reaction per unit of RBC /per pool of platelets	1 in 300/1 in 20
Delayed hemolytic transfusion reaction	1 in 7,000
Transfusion-related acute lung injury (TRALI) per unit of component transfused	1 in 10,000
ABO- incompatible transfusion per unit of RBC	1 in 40,000
Serious allergic reaction per unit of component	1 in 40,000
Post transfusion purpura	1 in 100,000

INFECTIOUS COMPLICATIONS

	ESTIMATED RISK
Symptomatic bacterial sepsis per pool of platelets	1 in 10,000
Death from bacterial sepsis per pool of platelets	1 in 200,000
Symptomatic bacterial sepsis per unit of RBC	1 in 250,000
Death from bacterial sepsis per unit of RBC	1 in 500,000
West Nile virus	<1 in 1,000,000
Hepatitis B virus per unit of component	1 in 7,500,000
Human T-lymphotropic virus (HTLV) per unit of component	1 in 7,600,000
Hepatitis C virus per unit of component	1 in 13,000,000
Human immunodeficiency virus (HIV) per unit of component	1 in 21,000,000

COMPARISON OF NON-TRANSFUSION RISK EVENT

	ESTIMATED RISK
Annual risk of death in a motor vehicle crash	1 in 10,000
Death from anesthesia in fit patients	1 in 200,000
Annual risk of death from accidental electrocution in Canada	<1 in 1,000,000