

Informed Consent: Information to Engage in Patient Dialogue

Transfusion adverse events or risks can be characterized as: common but not life threatening, serious and life threatening requiring some prevention/treatment measures, and rare with life altering effects. A synopsis is provided in the table below (for inclusive transfusion risk details, refer to [Bloody Easy 5.1 Blood Transfusions, Blood Alternatives and Transfusion Reactions A Guide to Transfusion Medicine](#), page 40-1).

Transfusion Adverse Events/Risks

| Transfusion Adverse Event/Risk | Incidence/unit | Comment |
|----------------------------------------------------------------------------|------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Common, but not life threatening | | |
| Minor allergic reaction (urticaria) | 1 in 100 | Generally, resolves with antihistamine. |
| Febrile non-hemolytic reaction | 1 in 300 (RBC) | Generally, resolves with antipyretic. |
| Serious and life threatening, requiring some prevention/treatment measures | | |
| RBC alloantibodies | 1 in 13 | <u>Clinically Significant Alloantibody</u> All future RBC transfusions require antigen negative blood. Risk of acute hemolytic reaction with future transfusion. Risk of hemolytic disease of fetus/newborn for individuals with childbearing potential. |
| Transfusion Associated Circulatory Overload (TACO) | 1 in 100 per transfusion episode | Pre-transfusion: assess for risk. Prevention: Pre-transfusion diuretic, Slow rate of infusion, Single unit transfusion. |
| Transfusion Related Acute Lung Injury (TRALI) | 1 in 10,000 | Supportive care (oxygen, respiratory support, vasopressors). |
| Serious Allergic Reaction/ Anaphylaxis | 1 in 40,000 | Close monitoring during transfusion, identify early, prompt medical treatment. |
| Bacterial sepsis | 1 in 250,000 (RBC) | Close monitoring during transfusion, identify early, prompt medical treatment. |
| ABO-incompatible transfusion/ Acute hemolytic reaction | 1 in 354,000 per RBC transfusion episode | Unequivocal patient identification steps are critical at sample collection and at administration. |
| Rare, with life altering effects | | |
| Residual risk* of hepatitis B | 1 in 2 million | Medical treatment. |
| Residual risk* of human immunodeficiency virus (HIV) | 1 in 12.9 million | Medical treatment. |
| Residual risk* of hepatitis C | 1 in 27.1 million | Medical treatment. |

*Residual risk is estimated based on the product of the incidence and the infectious window period (time period during which a blood donation could be infectious but the assay may not detect it).