

HOSPITAL MONUMENT OF THE BAPTISM OF POLAND St. John's Street 9 62-200 Gniezno

CONSENT FORM FOR BLOOD/BLOOD COMPONENT TRANSFUSION

Patient's	name	and
surname		

						Book Number	
PESEL						Main	<u> </u>

1. MEDICAL INDICATIONS FOR BLOOD/BLOOD COMPONENT TRANSFUSION:

Many diseases are accompanied by a deficiency of certain blood components, or for various reasons, they do not function properly. For example, a blood transfusion may be necessary during major bleeding, for example, during surgery, childbirth, or a serious accident. It can be performed to treat acute anemia or when the body's ability to produce blood is impaired. When significant blood loss occurs, transfusion may be the only way to quickly replace it. The decision to transfuse blood is made by a doctor when the patient cannot be effectively treated in any other way and the expected benefits outweigh the risks associated with potential complications. The decision to transfuse is based not only on test results but primarily on the patient's clinical condition. Based on the research carried out so far,in accordance with the principles of modern medical knowledge, you have indications for transfusion of blood products*:

] red blood cell concentrate (RBC)
] fresh frozen plasma (FFP)
] Platelet concentrate (PCC)
] other
the doctor selects the appropriate option

2. COURSE OF TREATMENT WITH BLOOD/BLOOD COMPONENTS

Before a patient receives a blood transfusion, their blood type is determined and a cross-match is performed. Blood is transfused with blood of compatible blood groups, and each transfusion is documented. A needle (cannula or catheter) is inserted into the patient's vein, usually in the crook of the elbow or a central vein. Blood products are administered intravenously through the cannula or catheter. Typically, the procedure resembles a drip. In most cases, at a rate of 4-5 ml/min, or 60-75 drops/min in a standard transfusion set. The patient's condition is constantly monitored during the administration of the preparations. The transfusion time depends on the type of preparation; for example, red blood cell concentrate is administered over a period of up to 4 hours, and platelet concentrate over a period of up to 30 minutes.

3. FORESEEABLE CONSEQUENCES:

a) EXPECTED BENEFITS

Blood product transfusions almost immediately replace missing blood components, such as red blood cells, clotting factors, or platelets. This allows for immediate improvement in the patient's condition, which is especially important in life-threatening situations (faster recovery). After using other medications, it takes a much longer time (days or weeks) for the body to produce the necessary blood components on its own. There are also situations when this is necessary – blood and blood products save lives in many cases where there are no alternative treatments.

b) POSSIBILITY OF COMPLICATIONS

Complications following blood transfusion are rare, but every transfusion carries a risk. Early adverse reactions, symptoms of which appear within 24 hours of transfusion, include:

- hemolytic reaction;
- bacterial infection;
- allergic or anaphylactic reaction;
- transfusion-related acute lung injury, hereinafter referred to as "TRALI";
- post-transfusion dyspnea;



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- non-hemolytic febrile reaction;
- transfusion-related circulatory overload (TACO).

Severe, life-threatening or fatal complications of the transfusion you are being offered are rare.

c) LONG-TERM EFFECTS

Delayed adverse reactions include, in particular:

- hemolytic reaction;
- post-transfusion thrombocytopenic diathesis;
- post-transfusion graft-versus-host disease (TA-GvHD);
- transfer of biological pathogens

PATIENT! If you experience any disturbing symptoms during the transfusion, in particular: chills, rash, skin redness, shortness of breath, pain in the limbs or lower back, notify your nurse/doctor immediately. Some adverse reactions may appear after the transfusion, or even after you leave the hospital, so discuss any concerns about your health with your doctor.

d) RISK OF COMPLICATIONS:

The risk of adverse reactions is increased in people who have previously experienced them. Therefore, if you have experienced the symptoms described above during previous transfusions, be sure to inform your doctor. Ideally, you should have documentation from previous transfusions. Sharing previous blood type test results is also important for transfusion safety.

To be completed by the patient

To minimize the risk, please answer the following questions (please tick the appropriate answer)

- 1. Have you ever had a blood transfusion before? ☐ YES☐NO
- 2 . Have you ever experienced allergic reactions after administration of blood products? ☐ Y E S ☐ N O If yes, please specify what they were?

To be completed by a doctor

Risk of complications:

[] small [] medium [] large

4. ALTERNATIVE PROCEDURE

In some situations, alternative treatment methods are possible, including intravenous or oral iron supplements or hematopoietic factor therapy, unless the deficiency is extremely severe. Unfortunately, this is not always the case. In cases of acute blood loss or severe blood component deficiencies, where there is a high probability that the patient's clinical condition will worsen, alternative treatment may not be possible.

5. CONSEQUENCES OF REFUSAL

If the blood product transfusion procedure is not performed, there is a high probability of the following consequences, including:

- weakness and disruption of normal functioning,
- deterioration of clinical condition,
- loss of consciousness,
- increased risk of postoperative complications
- hemorrhage (due to coagulation disorders low number of platelets or plasma components),



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• life-threatening.

6. CONVERSATION WITH A DOCTOR

Please feel free to ask us anything you would like to know about your planned transfusion. For any additional information regarding your planned transfusion or any clarification you may require, please contact any physician providing healthcare services at our Department. We will be happy to answer any questions you may have.

7.

	PATIENT STATEMENT
	 I fully understood the information contained in this form and provided during my consultation with the
	doctor. I was given the opportunity to ask questions, and all of them were answered and explained to
	my satisfaction.
	 After reviewing the content of this form and having a clarification conversation with Mr./Ms.
	Drall my requirements regarding information about my health condition and
	diagnosed condition, the justification and course of the transfusion procedure and possible
	complications and consequences related to the use of the procedure, as well as the consequences
	related to the predicted consequences of not carrying out the procedure, have been met.
	• Furthermore, I declare that I have been informed about the possibility of withdrawing consent to the
	transfusion of blood/blood components.
	Without reservation, I CONSENT to undergo a blood/blood component transfusion.
	I DO NOT CONSENT to blood/blood component transfusion. I have been informed of
	the possible consequences of such a decision.
	Date and signature of the patient
	or legal representative
	or regar representative
	Date, signature and stamp
	doctor (in case of refusal also indicate the time)
	(iii case of refusal also indicate the time)
77	he patient or his/her legal representative cannot sign the form due to:
••••	
	Data tima signatura
	Date, time, signature
	and the doctor's stamp