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	Transfusionist Responsibilities
☑ Explain risks* and benefits	☑ Confirm that informed consent has been obtained
☑ Explain any alternatives available	☑ Verify patient identification
☑ Describe the blood component/ product to be transfused	☑ Ensure the patient has had their questions answered
☑ Give the patient an opportunity to ask questions	☑ Perform the check of the donor unit at the patient's bedside
☑ Clearly document the reason for the transfusion	☑ 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 more than 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 & IV tubing to TML if requested

Version 4, 2014-09-01 References for this card can be found on ***transfusionontario.org***

NON-INFECTIOUS COMPLICATIONS	ESTIMATED RISK
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	1 in 300
Delayed hemolytic transfusion reaction	1 in 7,000
Transfusion-related acute lung injury (TRALI) per unit of component transfused	1 in 12,000
ABO- incompatible transfusion per unit of RBC	1 in 40,000
Serious allergic reaction per unit of component transfused	1 in 40,000

INFECTIOUS COMPLICATIONS	ESTIMATED RISK
Parvovirus B19 per unit of component transfused	1 in 5,000 to 20,000
Bacterial sepsis per platelet concentrate	1 in 10,000
Death from bacterial sepsis per platelet concentrate	1 in 60,000
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 (No new cases reported in Canada since 2003)	Less than 1 in 1 million
Hepatitis B virus per unit of component transfused	1 in 1.7 million
Human T-lymphotropic virus (HTLV) per unit of component transfused	1 in 2.5 million
Chagas Disease per unit of component transfused (No new cases reported in Canada in last 5 years)	1 in 4 million
Malaria per unit of component transfused (No new cases reported in Canada in over 10 years)	1 in 4 million
Hepatitis C virus per unit of component transfused	1 in 6.7 million
Human immunodeficiency virus (HIV) per unit of component transfused	1 in 8 million
Variant Creutzfeldt-Jacob Disease (vCJD) (No cases reported in Canada)	Rare
Babesiosis (1 case reported in Canada in 2000)	Rare

COMPARISON OF NON-TRANSFUSION RISK EVENT	ESTIMATED RISK
Death from motor vehicle accident	1 in 10,000
Death from being struck by lightning	1 in 5 million