Transfusion Consent for Medical/Obstetric Patients
- to be completed by prescribing clinician

For transfusions during a single hospital admission ☐
Patient expected to be long-term transfusion dependent ☐

All patients requiring a transfusion must be informed of the risks & benefits below, ideally prior to the transfusion where possible

1. The following information should be discussed:
   - Type of blood / blood component
   - Reason for and benefits of transfusion
   - Possible alternatives to transfusion
   - Risks of transfusion (refer to NHSBT patient information leaflet)
   - Acute & delayed transfusion reactions: fever, rash, feeling unwell
   - Circulatory overload: feeling out of breath
   - Transfusion transmitted infection
   - Importance of correct patient identification
   - Is the patient aware of any special transfusion requirements? eg. known antibodies or requirement for irradiated products

Inform the patient that following a blood transfusion they can no longer be a blood donor due to the theoretical risk of transmission of vCJD

2. Has written information been provided? (NHSBT patient information leaflet) ☐

In the emergency setting or if the patient is unconscious, the information will need to be given retrospectively. Tick here if unable to obtain prior consent* ☐

*Document in clinical notes that information regarding any blood products transfused needs to be given to the patient retrospectively where appropriate.

Tick here if the Mental Capacity act has been invoked* ☐

*See Consent policy for advice on mental capacity issues.
In these cases the patient would be treated in best interests and their carers involved.

If further information required, contact Transfusion Practitioners: Donna Beckford-Smith SMH 110 5359 or Terrie Perry WH 120 2313

I have discussed the above and the patient agrees to proceed with the transfusion / I am unable to obtain consent for reasons above

Print name ____________________________________________________________
Signature ____________________________________________________________
Grade ___________________________ Date ____________________________