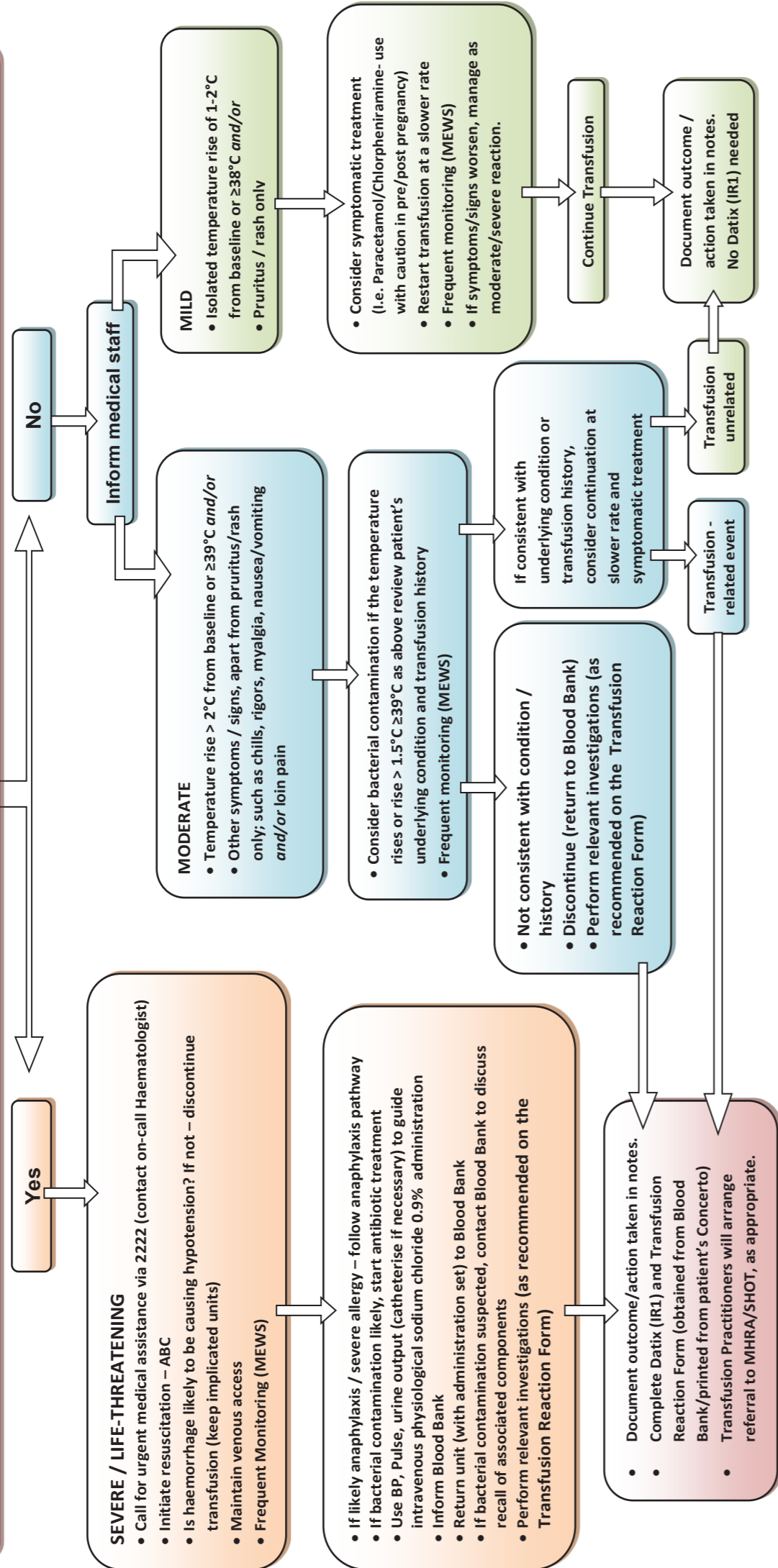


**Patient showing possible symptoms/signs of Acute Transfusion Reaction, which may include:**

Skin rash, tingling around face and lips, angio-oedema, stridor, dyspnoea, wheeze, cyanosis, severe anxiety, flushing, moderate or severe febrile symptoms, rigors, tachycardia, jaundice, haemoglobinuria, nausea and vomiting, severe hypotension leading to shock; pain in chest, back, abdomen or transfusion site; tachypnoea, non-productive cough, raised JVP, basal lung crackles, frothy pink sputum, hypertension & tachycardia

**STOP THE TRANSFUSION – seek medical review (contact Haematologist, if necessary), repeat observations, check the blood traceability label matches with the patient's identification and, visually assess blood component.**

Is there evidence of: Life-threatening Airway and/or Breathing and/or Circulatory problems and/or wrong blood given and/or evidence of contaminated unit?



**Adult Blood Transfusion Care Pathway (BTCP)**  
For administration of blood components/products

**Patient Details – Affix label**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ PID: \_\_\_\_\_

NHS no: \_\_\_\_\_ Gender: \_\_\_\_\_

Consultant: \_\_\_\_\_ Ward: \_\_\_\_\_

**Medical staff to complete**

- Unless otherwise agreed locally\*

**EVIDENCE OF INFORMED VERBAL CONSENT FOR BLOOD COMPONENTS/PRODUCTS.**  
(To comply with Blood Transfusion Policy, SABTO, NBTC and NICE recommendations and requirements)

Following key issues **must be discussed and agreed** with the patient when obtaining valid verbal consent. All boxes must be either ticked, marked as not applicable (N/A) or circle yes or no.

1. **Type of blood components/product to be administered** (e.g. red cells, platelets, plasma, cryoprecipitate, PCC, Anti-D, Factor VIII)
2. **Indication for the component/product** (e.g. low Hb, symptomatic, low platelet count, sensitisation)
3. **Predicted benefits of having the component/product** (e.g. no longer symptomatic, desired Hb)
4. **Risks associated with the component/product** (e.g. transfusion of incorrect blood component, transfusion reaction, transmission of infections, such as Hepatitis B, Hepatitis C, HIV, vCJD)
5. **Is the patient at risk of Transfusion Associated Circulatory Overload (TACO)?**  
(If yes, record the risks and actions on the prescription chart and add an alert onto Concerto) Y / N / NA
6. **Possible alternatives to transfusion if any** (e.g. Oral / IV Iron, Intra-operative cell salvage, withhold transfusion with possible prolonged recovery)
7. **Discussed route of blood transfusion/product** (e.g. intramuscular, IV) **and duration of the transfusion** (e.g. 2 or 3 hours for Red cells, 30 minutes for FFP, Cryoprecipitate or Platelets)
8. **Patient informed of the correct personal identification process** (visual and verbal)
9. **Patient (must be) informed that he/she cannot be a blood donor following blood transfusions** Y \ NA
10. **Written information provided** (NHSBT leaflet or print off from Concerto)
11. **Does the patient need more time to consider or requires further information?** Y / N / NA
12. **Has the patient given verbal consent if able?** Y/ NA
13. **Unable to complete all of the above** as the patient falls under the mental capacity act, confused, ventilated, emergency situation, sedated or other \_\_\_\_\_ Y / NA
14. **Retrospective information has been given** Date \_\_\_\_\_ Y/ NA  
(Information must be given to the patient when able or given to the next of kin, legal guardian or carer.)

**Note:** Specific blood component/product must be prescribed along with special requirements if applicable (e.g. Irradiated, CMV neg, HLA matched). If blood warming device required, please specify.

**Check all points above have been discussed and marked appropriately before printing and signing your name below**

Print Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Grade: \_\_\_\_\_

Speciality: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Any member of staff who have been competency assessed in the administration of blood/products may complete this informed consent if happy to do so and locally agreed with medical staff.*

