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NHS
Blood and Transplant

Consent for blood transfusion

Guidance:

- Explain the risks and benefits, allowing time to answer questions.
- Wherever possible consider/offer your patient an alternative.
- Wherever possible gain informed verbal consent.
- Inform your patient how the risks are mitigated.
- Give your patient the appropriate patient information leaflet/s.

Important information

Patients who have received a blood component since 1980 are not eligible to be blood donors.

Remember

Your patient has the right to refuse a blood transfusion.

This resource is intended as a tool to assist the consent process and should be used in conjunction with your trust policy.

Further information can be gained from your Transfusion Practitioner or Transfusion Laboratory.

This resource is based on the 'Consent to Blood Transfusion' pad developed by the South East Coast Regional Transfusion Committee: Informed Consent Action Group in collaboration with the Surrey and Sussex Healthcare NHS Trust.

Version 1 Effective 31/12/2018

Consent to transfusion sticker pad.indd 1 19/11/2018 10:01:54

Four main risk categories and mitigations in blood transfusion

Risk 1: Human error / systems error

- Risk of patient misidentification at critical steps: Right Patient - Right Blood.

► Mitigate 1:

- Positive patient identification must be performed.
- If possible, involve your patient in the checking process by asking them to tell you their full name and date of birth.
- Blood samples must be labelled at the patient's side.
- Blood components must be checked at the patient's side.

Risk 2: Transfusion-associated circulatory overload (TACO)

- Higher risk in children, elderly, low body weight, hypertension and cardiac / respiratory / renal impairment.

► Mitigate 2:

- Perform a formal pre-transfusion risk assessment for TACO.
- Monitor fluid balance. Consider diuretics for those at risk.
- In stable, non-bleeding adults, authorise one unit at a time according to body weight. [3]
- For patients at risk, transfuse slower and monitor observations closely including oxygen saturations.
- Encourage your patient to report any breathlessness within 24 hours.

Risk 3: Adverse immune responses

► Mitigate 3:

- Enquire regarding previous transfusion history.
- Patients are screened for antibodies to red cells (unless emergency).
- Ensure observations are recorded and reviewed.
- Encourage your patient to report any symptoms. For example: feeling hot or cold, shaking, pain, itching, rash and/or if something feels wrong.

Risk 4: Transfusion-transmitted infection

- Blood donations are screened for HIV, hepatitis (B, C and E), HTLV and syphilis.
- Risk of infection is very low; however, there will always be a small risk associated with having a blood transfusion.

► Mitigate 4:

- Strict adherence to cold chain compliance.
- Prepare your patient for transfusion before collecting a blood component.
- Strict adherence to Infection Control Policy, e.g. Intravenous access devices.

Safe supplies: annual review

Annual review of the NHSBT and PHE epidemiology unit's data and research activity, available at: https://www.gov.uk/government/publications/safe-supplies-annual-review

Reference 1: National Institute for Health and Care Excellence (2015) Blood transfusion. NICE guideline (NG24)
Reference 2: Robinson, S. et al. on behalf of the British Society for Haematology (BSH) (2017) The administration of blood components
Reference 3: The TACO Audit Working Group, on behalf of the National Comparative Audit in Blood Transfusion (NCABT) Steering Group. The 2017 audit of Transfusion Associated Circulatory Overload (2018)

Consent to transfusion sticker pad.indd 2 19/11/2018 10:01:54