

TABLE OF EVALUATED *RISKS OF BLOOD TRANSFUSION

Residual risk for transfusion-transmitted infections per unit	
HIV	less than 1 in 1 million
Hepatitis C	less than 1 in 1 million
Hepatitis B	less than 1 in 1 million
Syphilis	less than 1 in 1 million
Malaria	less than 1 in 1 million
Variant CJD	Possible and cannot be excluded

Other serious risks associated with transfusion (per unit transfused unless specified)		Morbidity	Mortality
Bacterial sepsis	Red Cells	1: 40,000 to 500,000	1:4 million to 8 million
	Platelets	1:100,000	1:50,000 to 500,000
Haemolytic Reactions	Acute	1:12,000 to 77,000	1:2.5 million
	Delayed	1:4,000 to 9,000	1:600,000 to 1.5 million
TRALI		1:5,000 to 10,000	1:5 million
TA-GVHD		rare	90% cases fatal
Anaphylaxis - IgA deficiency		1:20,000 to 170,000	
Fluid overload / cardiac failure		1:100 to 700 patients receiving transfusion	

Note:

No local data has been established yet. The information above are data from UK and Australia. The above risks are very small compared to the risks of everyday living (see Calman Chart below).

The CALMAN Chart (Calman 1996) for explaining risk (UK risk per 1 year)	
Negligible	<1,000,000 eg. death from a lightning strike
Minimal	1:100,000 - 1:1,000,000 eg death from a train accident
Very Low	1:10,000 - 1:100,000 eg death from an accident at work
Low	1:1000 -1:10,000 eg death from a road accident
Moderate	1:100 - 1:1000 eg death from smoking 10 cigarettes per day
High	> 1:100 eg. transmission of chickenpox to susceptible household contacts

INFORMED CONSENT TO TRANSFUSION



More info ? Ask your transfusion service provider.

*Jabatan Perubatan Transfusi,
Hospital Sultanah Aminah,
80100 Johor Bahru, Johor.*

07-2257237

E-mail: utp@moh.gov.my

INFORMED CONSENT TO TRANSFUSION

It is the physician's responsibility to ensure the patient gives their informed consent before receiving a blood product.

This must be documented in some form in the patient chart. The patient must be given the opportunity to ask questions about their transfusion.

RESPONSIBILITIES FOR PHYSICIANS

- ☑ Explain the benefits
- ☑ Explain the risks*
- ☑ Explain alternatives to blood transfusions

**This information should be presented in a language that the patient can understand.*

RESPONSIBILITIES FOR TRANSFUSIONIST

- ☑ Explain how the transfusion will be given
- ☑ Explain how long it take
- ☑ Explain what will be monitored during the transfusion
- ☑ Explain what to expect after the transfusion
- ☑ Explain what symptoms to look for during and after the transfusion.

IS CONSENT REQUIRED BEFORE EACH TRANSFUSION ?

Consent is required the first time that a transfusion is required for a patient in the medical center.

A consent form is VALID for one admission OR for the duration of planned treatment up to one year after signature.

Completed consent forms are placed in the medical record.

It may be prudent to routinely renew all consents **after the first of each year** in a regular blood recipient for example patient with thalassaemia.

In an **EMERGENCY**, transfusion should not be withheld in the absence of a written consent. A note should be placed in the medical record progress notes documenting the circumstances requiring the transfusion.

THE ALTERNATIVES

1. Iron Therapy
2. Surgical techniques to minimize blood loss
3. Erythropoetin
4. Antifibrinolytics
5. Autologous donations