DISSEMINATION OF PATIENT INFORMATION TO POTENTIAL RECIPIENTS OF TRANSFUSION

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Document Revision History

Change Request No.	Description of Change	Date of Issue
Edition 01	New document	
Edition 02 CRL2628 CRL2509 CRL1184	**1. Section 1.1.6**: If the doctor ticks the "No" box he/she should document the reason why in the ROTS. **2. Section 1.1.7**: If a patient refuses any blood product (RCC, anti-D etc), staff should document this in their medical notes and complete the form (Appendix 4) of the HSE Mid West Area Acute Hospitals Guidelines for consent to clinical examination and/or treatment policy (2009). **3. Section 1.5.4:** Include translation policy as related document. **4. Section 1.2.3:** If a translator is required, this can be organised through the Nursing Office or General Manager's office.	5th February 2013

0 INTRODUCTION

0.1. Scope and purpose

0.1.1 To inform patients who are about to receive blood components/products about the benefits and risks associated with blood transfusion.

0.1.2 All patients have a legal and ethical right to receive adequate information on the reason for and benefits and risks of transfusion before they give consent to a transfusion.

0.2. *Responsibility*

0.2.1 It is the responsibility of the ward managers to ensure there are adequate supplies of information leaflets in the clinical area.

0.2.2 It is the responsibility of the individual taking the blood group/crossmatch sample to ensure that the patient receives the information leaflet in a timely manner (emergency situations are an exception).

0.2.3 It is the responsibility of the medical team caring for the patient to ensure that the content of the information leaflet is understood before consent is sought to administer blood

components/products.

0.2.4 It is the responsibility of medical staff to ensure that a patient's parent/guardian receives the information if the patient is a minor.

0.2.5 Nursing/Midwifery staff is responsible for ensuring that the relevant section on consent in the record of transfusion support has been completed by the doctor prior to commencement of a transfusion.

0.2.6 It is the responsibility of the Haemovigilance officer to audit practice and report non conformances.

0.2.7 Medical staff are responsible for ensuring that there is a contemporaneous record of following this procedure in the patient's medical notes.

0.3. Definitions

0.3.1 N/A

0.4. Abbreviations

0.4.1. ROTS Record of transfusion support

0.5. Related Documents

0.5.1 Patient information leaflet (HI-A-BTR-INFOLEAFLET)

0.5.2 MWRA hospitals blood transfusion training policy (PP-A-BTR-TRAIN)

0.5.3 HSE Mid West Area Acute Hospitals Guidelines for consent to clinical examination and /or treatment policy (2009).

0.5.4 Accessing interpreter services Mid Western Regional Maternity hospital 2011

1 PROCEDURE

1.1. Procedure for medical staff to disseminate patient information

1.1.1 A blood transfusion request form is completed by a trained, medically qualified member of the medical/surgical team responsible for care of the patient.

1.1.2 The information leaflet "You may require a blood transfusion: information for patients" must be given to the patient in a timely manner by the individual taking the blood group/crossmatch sample.

1.1.3 A doctor should be available to explain the content of the information leaflet and answer questions before consent is sought to transfusion.

1.1.4 If a translator is required, this can be organised through the Nursing Office or General Manager's office.

1.1.5 The doctor must discuss the reason for transfusion with the patient; explain the transfusion implications and give the patient the opportunity to ask questions, thereby ensuring that the information in the leaflet is understood by the patient; then, the doctor must obtain verbal consent to transfusion.

1.1.6 The doctor must complete the relevant section of the ROTS; by ticking the Yes' or 'No' boxes in the record of transfusion support (ROTS) to indicate his/her actions, i.e.

- "The reason for and implications of the transfusion were discussed with the Patient/guardian and verbal consent obtained."

  And

- "Information leaflet given.

1.1.7 If the doctor ticks the "No" box, he/she should document the reason why in the ROTS.

1.1.8 In the event of the patient refusing RCC or any other blood product, this should be clearly documented in the medical notes by the doctor and the patient's supervising physician informed.

1.1.9 If a patient refuses any blood product (RCC, anti-D etc), staff should document this in their medical notes and complete the form (Appendix 4) of the HSE Mid West Area Acute Hospitals Guidelines for consent to clinical examination and /or treatment policy.

1.1.10 The following groups are exempted from this policy:

- Emergencies
- Unconscious patients
- Patients for whom there is a written advance directive refusing blood transfusion e.g. Jehovah Witnesses

1.1.11 If there is a possibility that the patient may require a transfusion in theatre, a medically qualified member of the team caring for the patient must discuss the reason for, the risks and benefits of the transfusion and obtain verbal consent.

1.1.12 The doctor must make a record of the conversation in the medical notes.

1.1.13 If a transfusion is subsequently required, the prescribing doctor will check the notes for evidence that verbal consent was obtained and will document this consent in the record of transfusion support.

1.1.14 Complete and sign a transfusion laboratory request form.

1.1.15 Where a patient is unconscious (except in the case of a Jehovah Witness for whom there is a prior written directive refusing blood transfusion), sound medical judgement can be used in reaching a decision to proceed with transfusion.

1.1.16 In such circumstances, the reason for the transfusion can be explained retrospectively and the information leaflet can be given to the patient at that time.

1.2. References

1.2.1 National Blood Users Group (2004). *Guidelines for the Administration of Blood and Blood Components*. Dublin: Irish Blood Transfusion Service

1.2.2 www.blooddirective.ie

1.2.3 Handbook of Transfusion Medicine. DBL McClelland 2007

1.2.4 Consent for blood transfusion; BMJ 2010; 341