

**Part A: 2022 Hospital-wide Blood Transfusion Consent Policy**

**(Complete only one per hospital)**

**A hospital-wide blood transfusion consent policy may be a standalone policy, included as part of your blood transfusion policy or contained within an overall consent/refusal to treatment policy.**

Does your health service have a policy statement regarding consent for blood and blood product transfusion?

Yes No

**If answer is No**

If no policy statement, why?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Then please proceed to Part B.**

**If yes, please complete the following questions about your blood transfusion consent policy.**

Which products does your health service blood transfusion consent policy statement include?

Blood components and products (fresh and fractionated)

Blood components (fresh) only

Does not state

According to your health service blood transfusion consent policy statement how is informed consent documented? (Multiple responses)

Specific blood consent form

Generic form (such as included in surgical consent, general consent to treatment)

Medical record notation

Does not state

Other (please state) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your health service blood transfusion consent policy statement specify the period of time transfusion consent remains valid?

Yes No

**If yes:**

1. Is this the same for all patients in all settings?

Yes No

1. What are the options for duration of consent? (Multiple responses)

For an admission only

up to 12 months

12 months or more but not indefinite

Indefinite

Does your health service blood transfusion consent policy statement specify that a discussion with the patient should include the following?

|  |  |
| --- | --- |
|  |  |
| The reasons for the proposed blood product transfusion | Yes No |
| The risks and benefits of the blood product | Yes No |
| The risks or consequences of not receiving the product | Yes No |
| The availability and appropriateness of any other blood management strategies | Yes No |
| An opportunity to ask questions | Yes No |
| Use of a competent interpreter when the patient is not fluent in English | Yes No |
| Use of written information or diagrams where appropriate | Yes No |

Does your health service blood transfusion consent policy statement specify who is able to obtain consent? (Multiple responses)

Consultant medical officer Registered midwife

Registrar No one is specified

Intern Other (please specify) \_\_\_\_\_\_\_\_\_\_\_

Nurse practitioner

Does your health service blood transfusion consent policy statement specify what supporting written information is to be used in the consent process?

Yes No

**If yes,** please indicate what “supporting written information” is specified:   
(Multiple responses)

Externally developed patient information about transfusion (e.g. Blood Matters/BloodSafe/Blood Watch)

Locally developed hospital transfusion information

Children receiving a blood transfusion: A Parent’s Guide (ANZSBT/ARCBS/NZBS/SA DoH)

Other (please state)

Does your health service have a policy statement that provides a process to follow in the event a patient refuses blood/blood products?

Yes No

Does your health service have a policy statement that provides a process to follow in the event a patient/MTDM is unable to consent?

Yes No

**Thank you for your involvement.**

**Part B: 2022 Audit of Transfusion Consent Practice**

(Maximum of 30 transfusion administration episodes per health service)

**Hospital name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Patient audit number \_\_\_\_\_\_\_\_\_\_\_   
(Please number your audits sequentially from 1-30)**

**Complete one audit for an individual patient including all fresh blood products received on a single day (up to 30 unique patients).**

**Patient age: \_\_\_\_\_\_\_\_\_\_\_** years

**Gender:**  Male Female

**Clinical Specialty (adult/paediatric):**

Medical ICU   
 Surgical HDU  
 Obstetric Emergency department   
 Haematology/ Oncology

**Date of Transfusion: \_\_\_\_\_\_\_\_\_\_\_** (dd/mm/yyyy)

**Type of fresh blood component/s transfused: (multiple response)**

Red blood cells.

Platelets

FFP

Cryoprecipitate

**Could blood transfusion consent be found for this patient?**

Yes No

**If blood transfusion consent was found:**

The consent was:

Specific blood consent form

Generic form (such as included in surgical consent, general consent to treatment)

Medical record notation only

Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date consent recorded: **\_\_\_\_\_\_\_\_\_\_\_** (dd/mm/yyyy) – enter 9/9/1999 if no date provided.

Duration of the consent (select one only)

No time frame specified

For the admission only

Up to 12 months

12 months or more but not indefinite

Indefinite

Blood component/s included on consent: (select all that applies)

Red blood cells.

Platelets

FFP

Cryoprecipitate

All fresh blood components (generic statement)

Is there documented evidence that the following was provided to the patient (select all that applies)

Reasons for the proposed blood/blood product transfusion.

Risks and benefits of the blood/blood product

Risks or consequences of not receiving the blood/ blood product

Alternatives to transfusion

Use of written information or diagrams where appropriate

Who obtained (signed) the consent?

Consultant medical officer Nurse practitioner

Registrar Cannot identify

Intern Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_

Medical officer – designation unknown

Was the consent form signed by?

Patient

Medical Treatment Decision Maker (MTDM)

Unsigned

If unsigned by patient/MTDM, is a reason provided

Yes No

If yes, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If required, was an interpreter provided where the patient has limited proficiency in English?

Not needed

Yes

No

Unknown

**If no consent found, is there a reason consent not be documented**

No explanation provided

Verbal consent only (documented in medical record).

Emergency transfusion

Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thank you for your involvement.**