FREQUENTLY ASKED QUESTIONS

What's new with blood consent?

A consent for blood transfusion is necessary whenever there is a reasonable possibility that a transfusion of blood components or blood products may be necessary for a patient (inpatient or outpatient) as a result of a medical or surgical procedure.
For definitions of blood components and blood products please refer to the ***Blood Transfusion Administration policy, CC 75-005***, on the CDHA intranet.

The Consent for Investigation, Treatment or Operative Procedure (surgical consent) form (#CD0301MR) and Refusal or Limited Consent form (#CD0738MR) have been updated to capture detailed information pertaining to blood components and blood products. A new Consent for Transfusion of Blood Components and/or Blood Products for medical procedures has also been developed.

One of the following forms **MUST** be obtained prior to blood transfusion:
1) Consent for Investigation, Treatment or Operative Procedure (Form #CD0301MR)
2) Consent for Transfusion of Blood Components and/or Blood Products (Form # in print)
3) Refusal or Limited Consent for Transfusion of Blood Components and/or Blood Products (Form #CD0738MR)

Note: French versions also available.

Who is responsible for obtaining a blood consent?

The treating physician or nurse practitioner must obtain informed consent.

What do we do if a patient refuses a blood transfusion (i.e. Jehovah's Witness)?

A specific refusal form, ***Refusal or Limited Consent for Transfusion of Blood, Blood Components and/or Blood Products*** (Form CD0738MR_01_09) must be obtained by a physician and a copy placed in the patient's chart.

What is the age of consent in Nova Scotia?

There is no designated "age of consent" in Nova Scotia. If, in the judgment of the treating health professional, the patient has the capacity to consent (e.g. is mature enough to understand the nature and consequences of the treatment decision), the patient can give her/his own consent. The fact that the minor (a person under 19 years of age) is living on

his own, self-supporting or married (emancipated minor) may be taken into consideration. For more information please refer to the ***Consent to Treatment policy, CH 30-045,*** on the CDHA intranet.

How long is consent for blood transfusion valid?

Written confirmation of informed consent or refusal for blood components or blood product transfusions must be obtained and documented:

- Prior to every surgical procedure
- Prior to the first transfusion if not already done prior to a surgical procedure
- The patient's condition has materially changed (i.e. blood transfusion consent was obtained for a patient going for hip surgery but had a GI bleed 3 days post op)
- Once per year for outpatients and inpatients undergoing medical procedures that require continued or ongoing transfusions
- Each admission for non-surgical patients

Can the surgical consent be valid for blood transfusions post operatively?

Yes! A patient may give consent to blood transfusions for the entire course of treatment, which may include post-surgical transfusions, or for a shorter period or specific number of treatments provided the consent meets the provisions of Section 2 – Validity of Consent (Consent to Treatment, CH 30-045). If there is any doubt as to whether the patient consented to ongoing transfusions, it is advisable to discuss with the patient, confirm patient directions and document again the scope and nature of the patient's consent or refusal.

Is the outpatient consent for blood transfusion valid when a patient is admitted to hospital?

A new consent for blood transfusion should be obtained by the treating inpatient physician or nurse practitioner on admission.

What should we do if the patient needs a blood transfusion in the middle of the night but there is no physician or resident on site to obtain consent?

Telephone the physician-on-call for an order to give blood and document as you normally would for a telephone order.

If the patient has capacity, a telephone conversation between the patient and the physician should occur to obtain informed consent for blood transfusion. The call **must be monitored by a second person** who will act as a witness to the process.

If the patient lacks capacity, the physician should obtain telephone consent from the appropriate substitute decision maker. The SDM should also complete a Declaration of Substitute Decision Maker (SDM), (Form CD1585MR) by telephone, noting on the form that the information was obtained by telephone.

Documentation is very important with telephone consent. Notation must be made of the following:

1) the reason why the patient was unable to consent;
2) the name of the person placing the call;
3) the time and date of the call;
4) the number called and the name of the person to whom the call was placed;
5) the relationship between the patient and the person to whom the call was placed; and
6) the name of the person monitoring the call as the witness.

A written summary of the information given and received should also be placed on the patient's health record.

As soon as possible on returning to the hospital, the physician should sign the form and the telephone consent section on the first page of the form.

Whenever capacity to consent is in question, document the circumstances in the health record. The reasons for any decision about capacity should be recorded, and if the patient is found to lack capacity and consent must be sought from another person, a Form a Declaration of Capacity (CD1087MR) should be on the health record.

What if an emergency requirement for transfusion arises and there is not time for the physician to obtain consent, or the patient is sedated or anesthetized and unable to provide informed consent?

For a medical/legal emergency to exist, the following criteria are necessary:

- the patient is unable to consent, and a substitute decision maker is unavailable;
- there is no indication of a personal directive or previous informed wish by the patient not to consent to the transfusion
- there is an immediate threat to the life or health of the patient;
- treatment cannot be delayed

In a medical/legal emergency, the treating health care professional should:

- document the circumstances in the progress notes, including the medical condition of the patient as well as all attempts made to contact the patient's substitute decision maker;
- proceed with the treatment to which a reasonable, prudent individual in the patient's circumstances would be expected to consent; and
- obtain consent from the patient or substitute decision maker as soon as is practical.

References

Alberta Health Services, Informed Consent to Treatment (2013)

CDHA Policy and Procedure, CC 75-005, Blood Transfusions: Administration of Blood, Blood Components and Blood Products (April 2012)

CDHA Policy and Procedure, CH 30-045, Consent to Treatment (June 2010)

CDHA Policy and Procedure, CC 75-010, Patient ID For Refusal Of Blood Components (July 2007)