Informed Consent for Blood Transfusion

Frequently Asked Questions

1. Do I have to obtain consent for each and every transfusion?

Consent can be for a single transfusion or for a series of transfusions (in a treatment plan). During the consent process the discussion with the patient should include the number of transfusions in the treatment plan.
The number of transfusions should be clearly written on the consent form.
Example: A patient requires IVIG therapy for 12 months. The conversation and the form should specify multiple infusions over 12 months.
A review of patients understanding and available alternatives should be ongoing.

2. Can the nurse obtain the consent?
No, the responsibility for obtaining informed consent lies with the ordering physician. The nurse can assist in the process by providing information and answering questions. The nurse can witness the consent process.

3. The patient signed a consent form for blood products with the procedure. Do I need to get a new consent form signed?

Consent may be obtained in conjunction with a procedure for example when a consent form is signed for right total knee replacement; there is a section that includes the administration of blood products. This is acceptable if the transfusion is associated with the procedure. So if a patient has surgical blood loss from the right total knee replacement then the consent form that was signed is adequate. If this patient then needed IVIG for a neurological condition, a new consent form should be signed.

4. What about patients on dialysis, this is part of their care. Do I need to obtain consent of blood transfusion?

Informed consent requires consideration to risks, benefits and alternatives at the time of the need. At the time of the transfusion a discussion should occur that reviews the information received previously and an opportunity to explore alternatives or refuse transfusion. In this scenario a detailed notation in the IPN describing this discussion should be made.

5. What should we do if the patient needs a blood transfusion in the middle of the night but there is no physician on site to provide the order or 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 the blood or blood products. The following sections of the consent form should then be completed:

- Patient Name
- Details of treatment/procedure /treatment plan (no abbreviations)
- Name of person(s) giving consent
- Signature of person giving consent
- Witness (insert name and signature of the nurse observing the patient giving consent)

As soon as possible on returning to the hospital, the physician should sign the consent form. A detailed notation should be made in the IPN that describes this process.

In most cases it is not advised to administer blood with no readily available physician on site.

6. When should a new consent form be signed?

- If the original consent form was signed more than 12 months ago.
- If the consent form is associated with a previous hospitalization and the patient has been discharged. Exception- IVIG patients on multiple infusions.
- If the patient's condition has changed significantly.
- If the alternatives available change.
- If the risks of transfusion have changed due to co-existing conditions.
- If the perceived benefits have changed due to co-existing conditions.

For more information please see:

Manitoba Transfusion Best Practice Guideline 1 *Informed Consent for Administration of Blood, Blood Components and or Plasma Protein Products*

Informed Consent for Blood or Blood Component Transfusion Pocket Guide for Clinicians COMING SOON

Information on Blood Transfusions for Patients COMING SOON

WRHA Policy # 110.000.005. *"Informed Consent (for Procedures, Treatments and Investigations)" updated 2015.*