Informed consent for blood transfusion, patient information & shared decision making

Informed valid consent

- Informed and valid consent for transfusion is necessary for all patients who will likely, or definitely will, receive a transfusion (this applies for whole blood, red blood cells, platelets, fresh-frozen plasma (FFP), cryoprecipitate and granulocytes). Blood products (such as albumin, anti-D immunoglobulin or intravenous immunoglobulin) are out of scope as these are classified as medicinal products and subject to different regulations.
- Patients on regular transfusion programmes do not require consent to be documented for every transfusion after the initial discussion but consent should be reviewed periodically. This is clarified in the SaBTO Consent guidance (Dec 2020).
- Where a patient was incapacitated at the time they received a blood transfusion and were not able to give informed valid consent, they should be informed retrospectively of the transfusion prior to discharge and provided with all relevant information.
- A record of all shared decision-making discussions and retrospective transfusion discussions should be documented in the patient's clinical health record.
- To ensure both the patient and their GP are aware that the they have received a transfusion, the details of the transfusion should be included in their hospital discharge summary, included in this should be reference to component type and number of units, together with any adverse events associated with the transfusion and any follow-up.

Guidelines from the expert advisory committee on the Safety of Blood, Tissues and Organs (SaBTO) on patient consent for blood transfusion - GOV.UK (www.gov.uk)

Patient Information and shared decision making

Every patient has a right to be treated with respect and have their concerns addressed. Patients should be encouraged to ask questions.
Standardised information on the risks and benefits of transfusion should be available to any patient likely to be transfused and also retrospectively to patients who may have been temporarily incapacitated at time of the transfusion episode(s) eg. emergency situations or during surgical procedures.
The information should be accessible and where necessary translated. The information and discussion should be used to inform the patient about the following issues and hence guide shared decision making.

- The reason transfusion of blood components is required
- The risks and benefits of transfusion
- The transfusion process
- Any transfusion needs specific to the patient
- Any alternatives that are available
- That the patient has the option to refuse
- That the patient will no longer be eligible to donate blood