CONSENT FOR TRANSFUSION

		ecovery will be signifi	due to my/the patient's medical cantly helped by receiving blood
 The doctor has explained benefits that are expected for myself/the patient being transfused and as well the risk(s). I understand that: Units of packed red blood cells and plasma are purchased from the American Red Cross and have already been tested and labeled. Platelets are collected, on Guam, from carefully screened, usually repeat, donors previously tested for infectious diseases. Testing of platelet units for infectious diseases, such as Hepatitis and AIDS, is performed offisland and is usually not complete before the transfusion is needed. The doctor will be informed of the platelet testing status and will sign an Emergency Release form indicating the critical need for platelet transfusion. There are rare potentially fatal reactions/consequences, and more common, usually mild reactions, associated with transfusions, even when blood products are prepared and tested using up to date methods and technology. 			
 Transfusion Benefits Red blood cells carry oxygen to enable organs such as the heart, brain, and kidneys to function. Platelets and plasma may prevent or control life threatening bleeding. Estimated risks per unit transfused (based on published information) Acute hemolytic reaction − 1 in 40,000 red blood cells (fatal in 1 per 100,000) Delayed hemolytic reaction − very uncommon and not usually serious Anaphylactic reactions − 1 in 20,000 (may be fatal) Transfusion related acute lung injury − 1 in 1,000 transfusions (fatal 1 in 10,000) Viral Infection risks from transfusion of tested blood products (risks greater with untested platelets) HIV (1 in 2,135,000) Hepatitis C (1 in 2,000,000) Hepatitis B (1 in 205,000) West Nile Virus (WNV) (1 in 350,000) Bacterial Infections from contaminated platelets − 1 in 4,000 (may be fatal) Non-hemolytic febrile and allergic reactions − 1 in 25 (not usually serious) 			
 Graft versus host disease – rare and less than 0.15% (in immunocompromised person such as those with AIDS and usually fatal) Immune suppression – evidence exists but incidence and severity debated Volume overload – too much fluid may compromise heart/lung function I consent to transfusion of blood products for myself/the patient. I have had an opportunity to ask questions regarding transfusion of blood products and understand I may ask questions at any given time even during the transfusion. I understand that I can choose to cancel this consent or stop the transfusion at any time. Unless canceled, this consent expires upon discharge. 			
☐ I refuse the transfusion of blood products and understand that this is against medical advice.			
Signature of Patient		Date	Time
Witness		Date	Time

Time

Date

Person giving consent (if not patient) Relationship to patient