A. CONSENT
All patients receiving blood, blood components or blood derivatives (see lists below) will have a completed Disclosure and Consent form (Attachment A) at the time the initial physician order is given (verbal, telephone, or written). Blood and blood components/derivatives include:

1. Leukodepleted (RBCs) Red Blood Cells
2. Washed Red Blood Cells (WRBCs)
3. Deglycerolized Red Blood Cells (DRBC)
4. Fresh Frozen Plasma (FFP)/Thawed Plasma (THPLA)
5. Platelet Concentrates (PC, PLTS) or Single Donor Plateletpheresis (AP)
6. Cryoprecipitate (CRYO)
7. Granulocyte Concentrate (Neonatal)
8. Single Donor Granulocytapheresis (sometimes designated Leukopheresis)
9. Antihemophilic Factor (Factor VIII concentrate)
10. Factor IX Complex
PURPOSE:

To obtain a consent for the transfusion of blood, blood components or derivatives (as listed above) in accordance with the Texas Disclosure Panel in a manner that appropriately informs the patient/parent.

PERFORMED BY: RN’s, LVN’s, or Physicians

EQUIPMENT:

1. Cook Children’s Disclosure and Consent for Transfusion of Blood/Blood Components. (See Attachments A and B) 3251 (9/99)

2. General Information Sheet for Blood or Blood Component Transfusion Blood Derivative Therapy.

PROCEDURE

1. When an order for blood product, blood component or blood derivative is written, consent form and the information sheet should be given to patient/parent for review and signature.

   Obtain consent at time of order so there will be no delay in transfusing when blood is available.

2. The signed consent form is valid for:
   a. Six month period.
   b. Length of one hospitalization. (Another consent is to be obtained upon readmission).

3. One witness will sign the form, but in case of an emergency:
   a. Two (2) witnesses must sign (in the space provided) when obtaining telephone consent.
   b. Physician must document a life threatening emergency in the Progress Note if no consent is obtained.

4. Place signed consent form in patient’s medical chart.

5. Once the consent is obtained, it should be reviewed in the patient’s medical record prior to each
Blood Products

transfusion.

B. EMERGENCY ORDER/CONSENT

If in the judgment of the physician the patient’s condition warrants immediate release of blood products prior to completion of compatibility testing, an Emergency Release Form for Blood/Blood Component must be completed. The Blood Bank will be notified and standard blood ordering procedures will be followed. The Blood Bank will initiate the Emergency Release Form which must be completed by the physician. The original goes on the patient’s chart and the copy goes to transfusion service. (see Attachment E)

C. ORDERING

PURPOSE:
To transfer orders for blood, blood components or derivatives accurately.

PERFORMED BY: RN’s, LVNs, Unit Secretary, Care Partner, Advanced Care Technician

EQUIPMENT:
1. Physician’s Order Sheet
2. Computer

PROCEDURE

If only a specimen (maintain clot, etc) is ordered: In the BBK category, order BBK Specimen.

If testing is ordered, but not blood products, type BBK-Testing Only.

If a blood product is ordered enter the following:

<table>
<thead>
<tr>
<th>Product</th>
<th>Order</th>
</tr>
</thead>
<tbody>
<tr>
<td>Red Cells</td>
<td>RBCs</td>
</tr>
<tr>
<td>Platelets</td>
<td>PLT</td>
</tr>
<tr>
<td>Fresh Frozen Plasma</td>
<td>FFP</td>
</tr>
</tbody>
</table>

For all neonates with a birth weight under 1000 grams, irradiated RBCs and platelets must be ordered until the patient is four months of age.

3. Verify and transmit order.

REMARKS

Only the first line prints on the lab labels. Any information lab needs to know when they draw blood sample for T&C must be on this first line. The ordering physician must be entered.

In test screen, select which test wanted.

It is implied that if a product is ordered, the Blood Bank will need a specimen and testing will be done. There is no need to order all three (BBK, BBK TEST and the product).

Neonates with a birth weight under 1000 grams can be immunocompromised. Irradiating the blood products can prevent transfusion related graft-vs-host disease.

If the clot is to be a nurse draw, place a “Y” in the order field so the requisition will print out at the nurses’ station.
D. SPECIMEN

NOTE: The patient is asked to verbally verify his/her identity, whenever possible, at the time of specimen collection; for the young patient, the care provider/parent may verbally verify the patient’s identity.

1. The patient identifiers are confirmed prior to specimen collection. The specimen must be labeled with the following information:
   a. Patient name (last, first)
   b. Patient medical record number
   c. Patient Blood Bank TX armband number (TX Number)
   d. Date/time drawn
   e. Meditech log in of the collector

   NOTE: All specimens should be labeled at patient’s bedside.

   Note: Blood bank may call to verify birth weight if patient less than 4 months of age.

E. PATIENT IDENTIFICATION

1. A Blood Bank armband is issued to the patient for each hospital admission. The armband must be labeled with the following information:
   Patient name (last, first)
   Patient medical record number
   Patient Blood Bank TX number

   All patients must wear the Blood Bank armband. In the rare event of a condition where the placement of the blood band is not feasible, the blood ID sticker will be attached to patient ID sticker and this sticker will be placed on a lead wire. Before initiating a blood or blood component transfusion, the patient is objectively matched to the blood bag or blood component during a two person bedside or chairside verification process. At least two unique identifiers are used in the process, and it is conducted after the blood or blood component matches the order that has been issued or dispensed. If staff leave bedside before starting transfusion, staff must recheck the patient and blood bag or blood component again.

2. If removal of armband is required, or there is a need for a name change, the Blood Bank armband must be reapplied by placing the patient ID information on a new Blood Bank armband. The blood band will be checked to confirm that Blood Bank identifiers and patient identifiers match.

   In the event of a name change (i.e. Smith, Baby Boy to Smith, John or Patient, Trauma to actual name), nursing must notify the Blood Bank of the change and make the necessary changes to the patient’s Blood Bank armband.

   Notification of blood bank by nursing service of a name change will prevent issuing delays due to name discrepancies.
3. Send remaining page of blood band sticker to Blood Bank with original type and cross specimen. When redrawing a specimen for current type and cross, the Blood Bank armband numbers will be handwritten on the specimen.

F. DISTRIBUTION AND ADMINISTRATION

PURPOSE:
To safely administer ordered blood products using aseptic technique.

PERFORMED BY:

Distribution:
Care Partner, ACT with documented competency.

Administration:
Blood and blood components will be administered by RNs / LVNs, apheresis trained personnel that are functioning under the supervision of the pathologist or other physician with apheresis privileges, or ECMO specialist with competency for blood administration.

NOTE: Employee with documented competency may double check blood product with licensed personnel.

EQUIPMENT:
1. Blood or blood product with correct filter
2. IV tubing
3. Saline solution
4. Patient IV access (See IV Procedure)
5. Physician’s Orders
6. Blood Transfusion Consent Form (Form #3251 9/99) (Attachment A or B.)
PROCEDURE

Obtaining Blood and blood products

1. Blood Bank will call nursing that the blood/blood product is ready. Also an automatic notification will occur through MPV via the Blood Ready icon and will go away when the blood has been issued. A patient ID label containing the MR #, name and the Blood Bank armband number must be taken for comparison of information in the Blood Bank if being picked up. If 6 inch pneumatic tube system is used then there will be verbal confirmation of patient information and specimen type. Check patient’s chart for signed consent before going to Blood Bank.

2. The following information is checked by a Blood Bank Tech and a second person prior to dispensing:
   a. Patient’s name
   b. Medical Record Number
   c. Blood Bank ID number/armband number
   d. Blood component ordered by the physician
   e. Patient’s Blood Type
   f. Donor Blood Type
   g. Unit number
   h. Expiration date of blood/blood components
   i. Visual appearance of the blood product

3. When the blood is dispensed, the correct filter should be provided along with the blood product:

REMARKS

Blood/Blood Components will not be issued without the required information.

If blood is being transported via 6 inch pneumatic tube system, the requested blood product will be sent as a secure transaction. The receiving unit will be notified of product being sent, and there will be 3 minutes to retrieve blood or it will automatically be sent back to blood bank.

If a small amount of blood is ordered (less than 60 ml), Blood Bank may issue the blood filtered and in a labeled syringe.
Before starting blood transfusion check:

a. Blood Component against
b. Physician Order
b. Signed Consent
c. Recipient's Name
d. Medical Record Number
e. Recipient's Blood Type
f. Donors Blood Type
g. Blood Bank ID Number
h. Unit Number
i. Expiration Date and Time

5. Document baseline temperature, pulse, and blood pressure.

6. Hang blood bag and then spike it with correct filter and fill tubing. If in syringe, verify blood has been filtered and fill tubing.

If another IV solution is hanging, stop that infusion, flush the t-connector with normal saline and begin administration of blood product.

a. Use an infusion pump or auto syringe, if possible.

b. Remain with patient for first 15-20 minutes to assess for intolerance. If adverse reaction occurs, refer to the Transfusion Reaction section of this policy (Section G).

PROCEDURE

If it is impossible to hang blood within 30 minutes from the time the blood was issued, the blood may be returned, except syringes, to the Blood Bank for storage until the transfusion can be initiated. If using the 6 inch pneumatic tube system, then the secure transaction function must be used.

Blood can not be returned to the Blood Bank for storage after 30 minutes from the time it was issued.

Four (4) hours is the maximum time allowed for transfusion- this starts from the time a blood product is issued from Blood Bank until completion of the transfusion.

The blood must be checked against the Cross Match or Component Transfusion Record Record (see Attachment C) and then checked against the patient's ID bracelet and blood band at bedside. Note: if there are any discrepancies, the blood product should not be administered and the Blood Bank must be notified.

Personnel assigned to monitor vital signs during transfusion should notify the licensed nurse of change in VS from baseline or signs and symptoms of possible transfusion reaction.

To prevent hemolysis, flush with 0.9 % Normal Saline to clear t-connector before and after a transfusion; 10ml is preferred if a patient is not fluid restricted or a neonate.

Note: Tubing should be primed with blood product so that monitored vital signs correlate with blood administration.
7. Document temperature, pulse and blood pressure at 15 minutes from initiation of transfusion, mid-transfusion and at completion of transfusion. Mid-transfusion vitals are only necessary if transfusion time is greater than 2 hours.

8. Should it become apparent during a blood/blood component transfusion that it cannot be completed within the 4 hours (time the blood product was issued to the time transfusion is complete), it is the responsibility of the nurse to notify the physician. Options:
   a. Discontinue blood at end of hang time and order another unit to complete the amount originally ordered.
   c. Increase rate of transfusion to complete in recommended hang time.
   d. Discontinue blood at end of hang time, transfusing only the amount possible at the ordered rate.

9. When blood has been administered as ordered, flush line with normal saline and continue previous IV or discontinue if it was started only for blood administration. Use enough normal saline to clear the catheter. If the blood administration set is connected to an extension set on a CVC, the extension set and the injection cap should be replaced to prevent risk of a blood stream infection. There is no need to replace the T-connector on peripheral IVs. 

10. Document post transfusion vital signs: temperature, pulse, and blood pressure. Place the completed record on the patient’s chart. Note the time the transfusion is initiated, completed, and the staff members’ Meditech log-in who initiated the transfusion on the bag tag. Tear the bag tag from the blood product and route the tag to the blood bank.

11. Place blood bag and tubing with unused blood in hazardous waste container.

12. Document administration of blood, type, amount and any patient reaction to procedure on appropriate documentation record.

G. TRANSFUSION REACTION

PURPOSE:
To prompt nursing intervention in case of a suspected blood reaction and initiate appropriate follow-up as per blood bank and pathology protocol.
## TYPES OF TRANSFUSION REACTIONS
(Onset within minutes to hours)

<table>
<thead>
<tr>
<th>REACTION TYPE</th>
<th>SIGNS AND SYMPTOMS</th>
<th>SPECIMEN REQ.</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild Allergic</td>
<td>Localized urticaria, hives, itching, rash, chills (no fever)</td>
<td>NONE</td>
<td>NONE.</td>
</tr>
<tr>
<td>Febrile/Septic</td>
<td>Fever (1°C or 2°F rise), chills, rigors, hypotension, anxiety</td>
<td>EDTA tube&lt;br&gt;- Isolator 1.5 tube (drawn from patient)&lt;br&gt;- Return bag to Blood Bank Segment from bag (for ABO typing)</td>
<td>This is the only reaction where the attending physician can decide to call a reaction or not. The transfusion should be stopped and the bag with set and paperwork, returned to the Blood Bank.</td>
</tr>
<tr>
<td>Transfusion-Related Acute Lung Injury</td>
<td>Acute respiratory distress, severe bilateral pulmonary edema, severe hypoxemia, tachycardia, fever, hypotension, cyanosis, dyspnea</td>
<td>EDTA tube&lt;br&gt;- Return bag to Blood Bank&lt;br&gt;- Isolator 1.5 tube (if fever present)</td>
<td>A reaction must be called for these reactions. The transfusion should be stopped and the bag with set and paperwork returned to the Blood Bank.</td>
</tr>
<tr>
<td>Circulatory Overload</td>
<td>Dyspnea, orthopnea, cyanosis, tachycardia, hypertension, pulmonary/pedal edema.</td>
<td>EDTA tube&lt;br&gt;- Return bag to Blood Bank&lt;br&gt;- Isolator 1.5 tube (drawn from patient)</td>
<td>A reaction must be called for these reactions. The transfusion should be stopped and the bag with set and paperwork returned to the Blood Bank.</td>
</tr>
<tr>
<td>Severe Allergic/Anaphylactic -Reaction</td>
<td>Flushing, wheezing, bronchospasm and dyspnea, hypotension, abdominal pain, nausea, anaphylaxis (no fever)</td>
<td>EDTA tube (2 ml)&lt;br&gt;- Return bag to Blood Bank&lt;br&gt;- Serum tube (for IgA level)</td>
<td>A reaction must be called for these reactions. The transfusion should be stopped and the bag with set and paperwork returned to the Blood Bank.</td>
</tr>
<tr>
<td>Acute Hemolytic</td>
<td>Fever, flank, chest, or back pain; anxiety, shock; unexplained bleeding; dyspnea; oliguria; hemoglobinuria; hemoglobinemia; cardiac arrest.</td>
<td>EDTA tube 3ml&lt;br&gt;- Post Transfusion urine sample (1ml minimum)&lt;br&gt;- Return bag to Blood Bank&lt;br&gt;- Isolator 1.5 tube (drawn from patient)</td>
<td>A reaction must be called for these reactions. The transfusion should be stopped and the bag with set and paperwork returned to the Blood Bank.</td>
</tr>
</tbody>
</table>

**PERFORMED BY:** Registered Nurse/LVN’s

**EQUIPMENT:**

1. Normal Saline
2. Suspected Transfusion Reaction Form – Lower half of Transfusion Record.
3. EDTA tube (3ml)
4. Isolator 1.5 tube (yellow top)
5. Other as required by Blood Bank

PROCEDURE

1. As soon as transfusion reaction is suspected, STOP the transfusion and hang 0.9% Normal Saline.

2. Recheck all blood product labels and patient’s identifications to ensure proper blood was given.


If the patient’s temperature increases during a transfusion, the physician will decide if the temperature increase is related to the blood product. If the temperature increase is determined to be related to administration of the blood product, the Blood Bank will be notified to initiate a transfusion reaction work up.

Document the physician notification and his/her determination related to the increased temperature.

If the physician determines that the temperature increase is not related to a transfusion reaction, obtain an order to continue the blood administration.

4. Disconnect at T-Connector (or catheter with central venous catheter) and hang 0.9% Normal Saline. DO NOT discard any part of blood tubing or bag. All remaining blood goes to the Blood Bank in a sealed biohazard bag as requested by Blood Bank personnel.

5. Monitor vital signs every 15 minutes or as indicated by severity of reaction – administer oxygen and/or meds as ordered.

REMARKS

Blood Bank personnel will notify Medical Director of Transfusion Service or the designated representative.
6. Initiate a blood transfusion reaction investigation. The lower half of the Component Transfusion Record (Attachment C) is used for a suspected transfusion reaction.

7. Draw an EDTA (purple) tube (3ml) and Isolator 1.5 tube (yellow top) from the patient and send a copy of the form and blood specimens to Blood Bank. Additional specimens may be required, depending on reaction. Blood Bank personnel will notify bedside nurse if additional specimens are needed.

8. Document reaction, actions taken, physician directions, lab drawn (if any) and patient’s outcome.

9. For mild allergic reactions, if the Medical Director of Transfusion Services or designee says it is okay, the transfusion may be resumed with a physician order. All other reactions will require new physician orders and new products from the Blood Bank. Transfusion Reactions will be done STAT, as four hours is the maximum time allowed for transfusion – this starts from the time a blood product is issued by the Blood Bank until completion of transfusion.

NOTE: Each type of reaction must be reported and a blood transfusion reaction workup performed.

H. INFORMATION SHEET FOR POST TRANSFUSION DISMISSALS WITHIN 24 HOURS

POLICY:
Any patient receiving blood/blood components, derivatives and being discharged within 24 hours post transfusion should receive an information sheet of possible delayed transfusion complications.

PERFORMED BY: RN’s, LVN’s
EQUIPMENT:
Information Sheet – Post Transfusion of Blood Components (Attachment D)

PROCEDURE

1. When a patient is discharged in less than 24 hours post transfusion the patient/parent should be given a copy of the Information Sheet – Post Transfusion of Blood Components – (See Attachment D). After they have read and understand this information, it should be documented on the discharge summary and have patient/parent sign. Place original discharge summary on the chart.
REFERENCES:

Standards for Blood Banks and Transfusion Services, current edition, American Association of Blood Banks, Bethesda, Maryland.


Transfusion Medicine Checklist, Commission on Laboratory Accreditation, Laboratory Accreditation Program; College of American Pathologists, Sept. 2007.

TJC NPSG .01.03.01
COOK CHILDREN’S MEDICAL CENTER
DISCLOSURE AND CONSENT FOR TRANSFUSION OF BLOOD, BLOOD COMPONENTS OR DERIVATIVES

TO THE PATIENT OR TO THE PARENT(S) OR LEGAL GUARDIAN OF THE PATIENT:

Texas law requires that patients or persons authorized to consent for patients must be informed of certain risks and hazards prior to receiving medical care or undergoing surgical procedures. This information is not meant to scare or alarm you, but to give you the facts and knowledge necessary to make a decision to give or withhold consent for transfusion.

You have been advised by your physician that medical treatment for you or your child may require transfusion of blood, blood components or derivatives. As you sign this form, you are voluntarily consenting to and authorizing such transfusion(s), as deemed by your physician to be medically appropriate.

Prior to signing this Agreement, it is necessary that you understand that the known specific risks and hazards associated with transfusions, include but are not limited to the following:

1. Allergic reactions, including hives and itching.
2. Fever, sometimes accompanied by chills.
3. Heart failure.
4. Infection by bacteria, parasites or viruses (including, but not limited to malaria, hepatitis and AIDS [Acquired Immune Deficiency Syndrome]).
5. The possibility of blood incompatibility, which can result in severe complications, including kidney failure, anemia, and rarely death.

CONSENT FOR TRANSFUSION:

Prior to signing this form, I have been given the opportunity to ask questions about my or my child’s medical condition. Information has been given by my physician about alternative forms of treatment, the risk of non-treatment, the procedures to be used, and the risks and hazards involved.

I believe that I have sufficient information to give this informed consent.

I certify that this form has been fully explained to me, that I have read it or have had it read to me, that the blank spaces have been filled in, and that I understand the contents and implications of this consent.

Date ___________________________ Time ______________________ a.m./p.m.

Patient’s/Legally Responsible Person’s Signature

___________________________________________________________________

Relationship to Patient

WITNESS

___________________________________________________________________

Address

City, State, Zip Code

File: n:bb/transfusion disclosure form
GENERAL INFORMATION SHEET
BLOOD OR BLOOD COMPONENT TRANSFUSION, BLOOD DERIVATIVE THERAPY
March, 2000

THIS INFORMATION WILL HELP YOU DECIDE ABOUT CONSENTING TO BLOOD OR BLOOD COMPONENT TRANSFUSION AND/OR BLOOD DERIVATIVE THERAPY. THIS INFORMATION IS NOT A DEFINITIVE MEDICAL OPINION OR ASSESSMENT. YOU SHOULD ASK YOUR PHYSICIAN TO ANSWER ANY SPECIFIC AND DETAILED QUESTIONS YOU MAY HAVE.

A. Human blood is a mixture of liquids and solids. The liquid portion or plasma has nutrients, blood clotting factors and other chemicals. The solid or cellular portion has oxygen-carrying red blood cells, infection-fighting white cells and platelets to help with blood clotting. Blood for donation is collected from screened human blood donors. The collected blood is grouped into different types and thoroughly tested for certain infectious diseases by the collection center. The American Association of Blood Banks and the Food and Drug Administration regulates this process. When the blood is sent to the hospital, the hospital laboratory verifies both the donor’s and patient’s major blood types and tests to assure that these blood types are matched before transfusion. This screening and testing process helps to protect both the donor and the recipient.

B. The use of a specific part of the blood to replace a shortage in a person, such as using red cells or plasma to treat a bleeding patient, is called blood component therapy. Despite the extensive screening and testing process described above, blood and blood component therapy still carry some risks.

These risks include:

1. **Transfusion Reactions:**
   a. Fever – The most common immediate reaction to transfusion is a 2 degree (2°F or 1°C) or more increase in the patient’s body temperature.
   b. Immune Reactions – Immune reactions are the body’s response to “foreign” material and include mild allergic reactions such as skin rashes, but also more severe reactions including breathing difficulty, anemia, kidney failure, shock and death. A physician will assess this reaction if it occurs and prescribe appropriate treatment.

2. **Transfusion Complications** – The major complication of transfusion is heart failure caused by a sudden increase in the body’s total blood volume. This risk is reduced by the use of only the red blood cell component of blood so as not to excessively increase the body’s blood volume.

3. **Infections** - While extremely careful testing for infectious diseases is performed, there are instances where an infection transmitted by blood may not be detected. Based on the best available statistics (December 2001) the risks of serious infection from a blood transfusion are:
   a. Viral Liver Infections (Hepatitis) – Donor screening and testing has reduced the risk to about 1 in 137,000 for hepatitis B and 1 in 1,000,000 for hepatitis C.
   b. Human Immunodeficiency Viral (AIDS) Infection- Donor screening and current testing has reduced the risk to about 1 in 1,930,000.
   c. Other Infections – Other infections include the risk of malaria, cytomegalovirus (CMV), human T-cell leukemia/lymphoma virus I and II, and possibly Epstein-Barr virus (Mono).

C. Blood derivatives are proteins extracted from plasma and used to treat certain diseases. Blood derivatives may cause mild or severe (anaphylactic) immune reactions to the proteins they contain. Current processing techniques render blood derivatives free of bacterial contamination and reduce the transmission of viruses, including hepatitis B and C, and the AIDS virus, to nearly zero.

THEREFORE, THE TRANSFUSION OF BLOOD AND BLOOD COMPONENTS AND USE OF BLOOD DERIVATIVES HAS SOME RISKS TO THE PATIENT, BUT ALSO HAS BENEFITS. THESE RISKS AND BENEFITS SHOULD BE DISCUSSED WITH YOUR PHYSICIAN.

File:n:bb/transfusion disclosure form
COOK CHILDREN'S MEDICAL CENTER
DECLARACIÓN Y DE CONSENTIMIENTO PARA TRANSFUSIONES DE
SANGRE, COMPONENTES DE SANGRE O DERIVATIVOS

AL PACIENTE O A LOS PADRES O GUARDIAN LEGAL DEL PACIENTE:

La ley de Texas requiere que pacientes o personas autorizadas a dar permiso por pacientes deben estar
informados de ciertos riesgos y peligros antes de recibir cuidado médico o recibir intervenciones quirúrgicas.
Esta información no es para alertarlo ni para llamarle la atención, sino para darle los hechos y conocimiento
necesario para tomar una decisión a dar o no dar consentimiento para la transfusión.

A Ud. le ha avisado su doctor que el tratamiento médico para Ud. o su hijo puede requerir una transfusión de
sangre, componentes de sangre o derivados. Al firmar esta forma, voluntariamente da permiso y autoriza
tal(es) transfusiones, como opinado por su médico y que son medicamente apropiadas.

Antes de firmar este acuerdo, es necesario que entienda los específicos riesgos conocidos y peligros
asociados con transfusiones, incluyen pero no están limitados a lo siguiente:

1. Reacciones alérgicas, incluyendo urticaria y el comezón.
2. Fiebre, a veces acompañada con escalofríos.
3. Falla del corazón.
4. Infección por bacteria, parasitos o virus (incluyendo, pero no limitado a malaria, hepatitis y SIDA).
5. La posibilidad de incompatibilidad de la sangre, lo cual puede resultar en complicaciones severas, incluyendo
falta renal, anemia, y raramente muerte.

CONSENTIMIENTO PARA TRANSFUSIÓN:

Antes de firmar esta forma, me han dado la oportunidad de hacer preguntas sobre la condición de mi ó mi
hijo. Mi médico me ha dado información sobre alternativas formas de tratamiento, el riesgo de no recibir
tratamiento, los procedimientos que usarán, y los riesgos y peligros asociados.

Yo creo que tengo suficiente información para dar este consentimiento informado.

Certifico que me han explicado totalmente en esta forma, que la he leído o que me la han leído, que los
espacios se han llenado, y que yo entiendo los contenidos y las implicaciones de este consentimiento.

Fecha ___________________________ Hora ___________________________ a.m./p.m.

Firma del paciente/Persona legalmente responsable

Parentesco del paciente

Testigo

Dirección

Ciudad, Estado, Código postal

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CookChildren's
Medical Center
801 Seventh Avenue
Fort Worth, Texas 76104-2796
Disclosure and Consent for Transfusion / Spanish
HOJAS DE INFORMACIÓN GENERAL
SANGRE O TRANSFUSIÓN DE COMPONENTES DE SANGRE,
TERAPIA DE DERIVATIOS DE SANGRE
MARZO 2000

Esta información le ayudaba a Ud. en consentir a la sangre o transfusión de componentes de sangre y/o terapia de derivados de sangre. Esta información no es una definitiva opinión médica ni evaluación. Ud. debe pedírle a su médico que conteste cualquier pregunta específica y detallada que le ocurra.

A. La sangre humana es una mezcla de líquidos y sólidos. La porción líquida, o plasma, tiene nutrientes, factores de la coagulación de sangre y otros químicos. La porción sólida, o porción celular, tiene células rojas de sangre que llevan oxígeno, células blancas que luchan contra la infección y plaquetas para ayudar con la coagulación de sangre. La sangre donada se colecciona de seleccionados donantes de sangre. La sangre coleccionada se clasifica en diferentes grupos y probada por ciertas enfermedades contagiosas por el centro de coleción. La asociación de bancos de sangre y la administración de alimentos y drogas regulan este proceso. Cuando se manda la sangre al hospital, el laboratorio del hospital verifica el tipo sanguíneo del donante y del paciente y la examina para asegurar que los tipos sanguíneos coincidan antes de la transfusión. Este proceso de pruebas y examenes ayuda para proteger tanto al donante como al recipiente.

B. El uso de una parte específica de la sangre para reemplazar una falta en una persona, tal como el uso de células rojas o plasma para tratar a un paciente que está sangrando, se llama terapia de componentes de sangre. A pesar de las pruebas extensivas y examenes descritos arriba, sangre y terapia de componentes de sanare todavía pueden llevar riesgos.

Estos riesgos incluyen:

1. Reacciones a Transfusiones:
   a. Fiebre - La reacción inmediata más común a la transfusión es un aumento de 2 grados (2°F o 1°C) o más de la temperatura del cuerno del paciente.
   b. Reacciones Inmunes - Reacciones inmunes son reacciones del cuerno a materia "extraña" y incluyen leyes reacciones alérgicas tal como ronchas de la piel, pero también reacciones más severas incluyendo dificultad de respirar, anemia, falta renal, choque y muerte. Un doctor avalorá esta reacción si le ocurre y recetará tratamiento apropiado.

2. Complicaciones con Transfusiones - La complicación principal de transfusiones es falla del corazón causada por un aumento súbito en el volumen total de la sangre del cuerno. Este riesgo disminuye con el uso de solamente el componente de células rojas de sangre para que no aumente el volumen de la sangre del cuerno.

3. Infecciones - Mientras se hacen examenes extremadamente meticulosos por enfermedades contagiosas, hay ocasiones en que la infección se transmite por sangre y no la pueden hallar. Basados en los mejores estatisticos disponibles (1996) los riesgos de contrar graves infecciones de una transfusión son:
   a. Infecciones del hígado causadas por un virus (Hepatitis) - Los examenes y pruebas han reducido el riesgo a 1 en 63,000 para hepatitis B y 1 en 103,000 para hepatitis C.
   b. Síndrome de Inmunodeficiencia Adquirida (SIDA) - Pruebas de donantes y examenes corrientes y han reducido el riesgo a 1 en 493,000.
   c. Otras infecciones - Otras infecciones incluyen el riesgo de malaria, citomegalovirus (CMV), célula T humana leucemia/linfoma virus I y II, y posiblemente el virus Epstein-Barr (Mono).

C. Los derivados de sangre son proteínas extraídas de plasma y usadas para tratar ciertas enfermedades. Derivativos de sangre pueden causar reacciones inmunes leves o severas (anafilactie) a las proteínas contenidas. Técnicas corrientes de preparación libran derivativos de sangre de contaminación bacterica y reducen la transmisión de virus, incluyendo hepatitis B y C, el virus del SIDA, a casi cero.

Por lo tanto, la transfusión de sangre y componentes de sangre, y el uso de derivados de sangre llevan riesgos al paciente, pero también tienen beneficios. Deben hablar con su médico acerca de estos riesgos y beneficios.
Cook Children’s Medical Center  
801 Seventh Avenue  
Fort Worth, TX  76104 

Tubing Lot #________________

<table>
<thead>
<tr>
<th>NAME:</th>
<th>SPEC#:</th>
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<tbody>
<tr>
<td>MR#:</td>
<td>ACCT#:</td>
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<td>SEX:</td>
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<td>EXP DATE:</td>
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<td>COMPATIBLE?</td>
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<tr>
<td>CHECKED &amp; ISSUED (Date &amp; Time):</td>
<td>BY:</td>
<td>MSGR:</td>
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<tr>
<td>SIGNATURES</td>
<td>TECH:</td>
<td>MSGR:</td>
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</tbody>
</table>

This certifies that I have checked the patient’s name, medical record number, BB armband number, and blood donor number for this patient and verified there are no discrepancies between them and this transfusion record before starting this transfusion.

SIGNATURES  
UNIT ADMINISTERED BY: ____________________________ Login ID _____________

WITNESS BY: _______________________________________

BLOOD CONSENT VERIFIED?  _____ YES  _____ NO  
Blood Bank Fax # 2568

DATE: ____________________________  
TEMP  BP  PULSE  Login ID  
TIME TRANSFUSION BEGAN:  ________  ______  ____  ______  _______________  
15 MIN  ______  ______  ____  ______  _______________  
MID  ________  ______  ____  ______  _______________  
END  ________  ______  ____  ______  _______________  
BLOOD WARMER USED:  Y  N  
0.9% SALINE ADDED:  Y  N  
VOLUME: ____________ mL

HOW TOLERATED BY PATIENT:  
___ NO REACTION  ___ URTICARIA  ___ FEVER (1C/2F)  ___ SHOCK  ___ NAUSEA/VOMITING  
___ CHILLS  ___ PAIN  ___ ITCHING  ___ DYSPNEA  ___ HEMATURIA  
___ OTHER, SPECIFY  _____________________________________________________________________

IF A TRANSFUSION REACTION IS SUSPECTED:  
1. STOP the transfusion.  
2. Keep the IV open with normal saline (0.9%).  
4. Call Transfusion Services at ext. 6161 for workup instructions.  
5. Were any medications or solutions administered?  ___ Yes  ___ No

COMMENTS: ____________________________
DATE/TIME REPORTED: ____________________  BY ____________________
(Signature)  (Name printed)

Crossmatch Transfusion Record  
Department of Laboratories

N:\Blood Bank\BB Procedures under Revision\#7 - Forms\crossmatch transfusion record.docx
COOK CHILDREN’S MEDICAL CENTER

Information Sheet – Post Transfusion of Blood Components

To the patient or the parent(s) or legal guardian of the patient:

As you were previously informed, the transfusion of blood components carries some potential risks and hazards. Although the transfusion was done at the hospital, delayed effects may still occur after a patient is discharged. These need to be recognized.

The signs and symptoms to look for are:

1. Jaundice (yellow color to eyes and skin);
2. Unexplained fever 3-7 days following transfusion;
3. Inability to urinate, urine is red, brown, or black in color;
4. Unexplained skin rash or diarrhea;
5. Nausea – other than medication caused;
6. Extreme fatigue with severe weakness;
7. Headache;
8. Flu-like symptoms;
9. Abdominal discomfort (soreness); and
10. Difficulty breathing.

If any of these signs and symptoms is observed, the patient’s physician needs to be notified.

April 2006
In my professional, medical judgement, the medical urgency of the patient's condition requires a transfusion of:

- Uncrossmatched Type Compatible Blood/ Components
- Least Incompatible Blood
- Other: ________________________________

I understand and agree that the patient must be assigned a transfusion armband and that a whole blood specimen must be drawn, and sent to the Transfusion Service immediately for testing.

Physician printed name

__________________________
Physician Signature

__________________________
Date

__________________________
Witness

__________________________
Date

Received in Transfusion Service by

__________________________
Date

__________________________
Time

Attach ORIGINAL TO MEDICAL RECORD
Route COPY TO TRANSFUSION SERVICE

FOR TRANSFUSION SERVICES USE ONLY

Patient Name: ____________________________

Medical Record Number: ____________________________

Units: _____________

Units: _____________

Units: _____________
in my professional, medical judgment, the medical urgency of the patient's condition requires a transfusion of:

☐ Uncrossmatched, Type Compatible Blood Products
☐ Least Incompatible Blood
☐ Other: ________________________________

I understand and agree that the patient must be assigned a transfusion armband and that a whole blood specimen must be drawn, and sent to the Transfusion Service immediately for testing.

Note: This form must be signed as acknowledgement that uncrossmatched blood products have been requested, even if not transfused.

________________________
Physician Printed Name

________________________ Date ______ Time ______
Physician Signature

________________________ Date ______ Time ______
Witness

________________________ Date ______ Time ______
Received in Transfusion Service By

FOR TRANSFUSION SERVICES USE ONLY

Patient Name: __________________________ Weight: __________

Medical Record: __________________________ Birth Weight: __________

Init Numbers:

☐ Transfused ☐ Returned
☐ Transfused ☐ Returned
☐ Transfused ☐ Returned
☐ Transfused ☐ Returned
☐ Transfused ☐ Returned

Attach Original to Medical Record (white copy)
Send Copy to Transfusion Services (yellow copy)

Cook Children's
Medical Center
601 Seventh Avenue
Fort Worth, Texas 76104-2796

EMERGENCY ORDER
FOR BLOOD/BLOOD COMPONENTS