

McLaren Print System Order

Order No: 87064
Order Date: 2024-07-18
User: Darlene Maguire
Phone: 810-3422395

Ship Location: mclaren flint 8th floor attn darlene
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flint, mi 48532

Forms

Quantity: 100
Paragon Dept No: 23080
Dept Name: 8th floor orthopeadics
Company Number: 60

Order Total Price: 3.60

Item Number: 17289
Item Description: Consent to Transfusion of Blood or Blood Products
Revision Date: 3/2019
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill: 5 Hole Top
Poster:
Misc Info:

McLaren Health Care
INFORMED CONSENT FOR TRANSFUSION OF BLOOD AND BLOOD COMPONENTS

I understand that my physician, _____, has determined that I have or may develop a medical need to receive a transfusion of blood or blood products.

I understand that a blood transfusion may benefit me in one or more of the following ways:

1. Increased oxygen delivery to the brain and/or tissues.
2. Maintenance of blood pressure.
3. Prevention or reduction of abnormal bleeding due to clotting disorders.
4. Improvement of blood flow, and/or
5. Sustaining life.

I understand that if I have clotting disorders, transfusion of platelets, plasma and/or other blood products may prevent or reduce abnormal bleeding.

I understand that there are possible risks of receiving a transfusion, and that the risk of acquiring an infectious disease from transfused blood/blood products is low. Common risks may include, but are not limited to fever, rash, headache, and/or slight back or local reactions.

I understand that more serious risks are rare and may include, but are not limited to the following:

1. Serious allergic reactions.
2. Bacterial infections.
3. Viral infections (such as hepatitis or human immunodeficiency virus (HIV)).
4. Lung injury with severe breathing difficulty, and/or
5. Death.

There are other options than getting blood or blood products, though they may not be as effective or show an effect for several days to a week. My doctor will discuss if the options are appropriate for my case. Other options include drugs which can decrease bleeding or drugs which cause my body to make more blood.

Subconsentment

I have talked with my doctor about blood or blood component transfusion and the options listed above, and my doctor has answered my questions, if any. I fully understood this information, and if I have questions, I have had the opportunity to have them answered.

I understand that this consent is applicable for all transfusions during this admission (or within 30 days of signing this consent), but I may withdraw my consent at any time by notifying an RN or physician. If I am to receive multiple transfusions in an outpatient setting, I understand this consent is applicable for those transfusions unless I withdraw my consent by notifying my physician.

I have reviewed the above with my physician and:

- Consent to transfusion of blood products.
- I am currently undischarged on transfusion of blood products.

REFUSAL OF BLOOD PRODUCT

By signing below, I confirm that I understand the possible consequences of refusing a transfusion may include serious injury, permanent or prolonged illness, and/or death.

- Decline transfusion of blood products.
- I withdraw my consent for transfusion of blood products.

Spec Info:

Signature	_____ <small>ALLICENT Signature (Parent/Guardian if Minor, or person signing on patient's behalf)</small>	Title	_____ <small>Physician (If: MD)</small>
Signature	_____ <small>Physician Signature (if provided by MPPH)</small>	Title	_____ <small>Physician Signature (if provided by MPPH)</small>
RELATIONSHIP or authority (other than Patient)	_____ <small>Witness</small>	Title	_____ <small>Witness</small>
Signature	_____ <small>Witness if phone consent - (3 req'd)</small>	Title	_____ <small>Witness if phone consent - (3 req'd)</small>


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