

McLaren Print System Order

Order No: 87997
Order Date: 2024-09-10
Order Request Date:
User: Diane Recker
Phone: 989-772-6732

Ship Location: McLaren Central Michigan - 1221 S Drive Attn: JESSICA LOSEY
1221 S Drive
Mt. Pleasant, MI 48858

Brochures
Quantity: 2
Paragon Dept No: 28550
Dept Name: JESSICA LOSEY - OPERATING ROOM - PAT
Company Number:

Order Total Price: 6.70

Item Number: CEN-008 (655-785)
Item Description: INFORMED CONSENT FOR TRANSFUSION BLOOD Form
Revision Date: 10/2017
Print:
Paper:
Size:
Fold:
Finish:
Drill:
Poster:
Misc Info: 100/Pkg, 8.5x11 SS Black

McLAREN CENTRAL MICHIGAN
1221 SOUTH DRIVE, MT. PLEASANT, MI 48858

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 bruise 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 care. Other options include drugs which can decrease bleeding or drugs which cause my body to make more blood.

I understand the possible consequences of refusing a transfusion may include serious injury, worsened or prolonged illness, and/or death.

Acknowledgment

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 understand 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.

Decline transfusion of blood products.

I am currently undecided on transfusion of blood products.

I withdraw my consent for transfusion of blood products.

Date/Time _____ Patient's Signature (Parent/Guardian, if Minor, or person signing on patient's behalf)

Date/Time _____ Physician / RN / NP

Date/Time _____ Physician Signature (if provided by NP/PA)

RELATIONSHIP or authority if other than Patient _____ Date/Time _____ Witness

Witness (if phone consent - 2 req'd) _____

Spec Info: DELIVER TO JESSICA LOSEY

