

McLaren Print System Order

Order No: 90866
Order Date: 2024-12-16
Order Request Date:
User: Andrea Frost
Phone:

Ship Location: CNT FBP Attn Andrea Frost
1221 South Drive
Mount Pleasant , MI 48858

Brochures
Quantity: 1
Paragon Dept No: 30105
Dept Name: CNT FBP
Company Number:

Order Total Price: 3.35

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 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)
Date/Time Witness
Date/Time Witness (if phone consent - 2 req'd)
RELATIONSHIP or authority if other than Patient

Spec Info: Original Poster Size

