

McLaren Print System Order

Order No: 60901
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User: Lyna Havalda
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Ship Location: 2C Attn Lyn
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Forms
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Paragon Dept No: 23012
Dept Name: 2C
Company Number: 60

Order Total Price: 0.00

Item Number: 17289
Item Description: Consent to Transfusion of Blood or Blood Products
Revision Date: 3/2019
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Drill: None
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. Saving my 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.

Subsidiary Consent

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.
- I am currently undecided 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, worsened or prolonged illness, and/or death.

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

Spec Info:

Time _____ Date _____	Signature (Parent/Guardian, if Minor, or person signing on patient's behalf)	Time _____ Date _____	Physician (M.D./NP)
Time _____ Date _____	Physician Signature (if provided by M.D./NP)	Time _____ Date _____	Witness
Time _____ Date _____	Witness (if phone consent - 2 req'd)		



