

R2017/02

Right Product, Right Patient, Right Time



Informed Consent to Transfusion

- Responsibility for obtaining consent rests with the healthcare provider prescribing the transfusion. The consent is in effect until:
 - The patient's condition has materially changed;
 - The medical knowledge about the Patient's condition or the Treatment available has materially changed; or
 - There has been a refusal to a portion of the Treatment or procedure originally planned or a refusal regarding the involvement of particular individuals in the treatment or procedure (i.e. medical trainees).

Authorized Prescriber Responsibilities

- Explain risks and benefits
- Explain available alternatives
- Describe blood component or product to be transfused
- Answer patient's questions on transfusion
- Document reason for transfusion and the Informed Consent

Transfusionist Responsibilities

- Confirm patient has given informed consent
- Verify patient identification
- Ensure patient's questions have been answered
- Perform the check of the donor unit at the patient's bedside
- Check vital signs/monitor any symptoms of reaction

Monitor for Signs of a Reaction

Symptoms of adverse reaction

- Fever (38°C or more than 1°C over baseline)
- Chills or Rigors
- Dyspnea or Shortness of Breath
- Rash, Hives, Swelling
- Anxiety or Agitation
- Pain in Head, Chest or Back
- Hypotension / Shock / Nausea / Vomiting
- Hypertension

What to do in event of reaction

1. **STOP THE TRANSFUSION IMMEDIATELY.**
2. Maintain IV access and notify physician.
3. Check vital signs every 15 minutes.
4. Recheck patient/unit ID.
5. Contact the Transfusion Service.
6. Follow instructions for further specimen collection.

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Major Risks of Transfusion

NON-INFECTIOUS COMPLICATIONS

NON-INFECTIOUS COMPLICATIONS	ESTIMATED RISK
Minor Allergic Reaction (urticaria)	1 in 100
Transfusion Associated Circulatory Overload (TACO)	1 in 100
Febrile Non-Hemolytic Reaction (FNHTR) - Red Cells	1 in 300
Delayed Hemolytic Transfusion Reaction	1 in 7,000
Transfusion Related Acute Lung Injury (TRALI)	1 in 10,000
Acute Hemolytic Reaction	1 in 40,000
Serious Allergic Reaction / Anaphylaxis	1 in 40,000

INFECTIOUS COMPLICATIONS

INFECTIOUS COMPLICATIONS	ESTIMATED RISK
Bacterial Sepsis - Platelets	1 in 10,000
Death from platelet pool – due to bacterial sepsis	1 in 200,000
Symptomatic bacterial sepsis due to red cells	1 in 250,000
Death from red cell bacterial sepsis	1 in 500,000
West Nile Virus (WNV)	< 1 in 1 million
Hepatitis B Virus (HBV) (consider whether pt has been immunized)	1 in 1.7 million
Chagas Disease	1 in 4 million
Human T-Cell Lymphocytic Virus I & II (HTLV)	1 in 7.6 million
Hepatitis C Virus (HCV)	1 in 13 million
Human Immunodeficiency Virus (HIV)	1 in 21 million

NON-TRANSFUSION RELATED RISKS

NON-TRANSFUSION RELATED RISKS	ESTIMATED RISK
Annual risk of death in Motor Vehicle Accident	1 in 10,000
Death by lightning strike	1 in 5 million

ALTERNATIVES TO TRANSFUSION THERAPY

Antifibrinolytics
Iron Therapy

Erythropoietin
Cell Salvage