



COHESIVE HEALTHCARE MANAGEMENT & CONSULTING
MANGUM REGIONAL MEDICAL CENTER

CONSENT FOR BLOOD AND BLOOD PRODUCTS (NUR-006A)

TO THE PATIENT: You have the right, as a patient, to be informed about your condition and the recommended surgical, medical or diagnostic procedure to be used so that you may make the decision whether to undergo the procedure after knowing the risks involved. This disclosure is not meant to scare or alarm you; it is simply an effort to make you better informed so you may give or withhold your consent to the procedure.

DESCRIPTION OF PROCEDURE: Blood is introduced into one of your veins, commonly in the arm, using a sterilized disposable needle. The amount of blood transfused, and whether the transfusion will be of blood, blood components, or blood products, such as plasma, is a judgement the medical provider will make based on your needs.

RISK OF TRANSFUSION: Most transfusions do not cause reactions or complications, but there are risks or possible complications that cannot be anticipated and prevented in some cases. MINOR and temporary reactions include: slight bruising, swelling, local infection, headache, fever, chills, or mild skin reactions such as itching or rash. Some of the MAJOR, but extremely rare risks include: transfusion reaction, which may include kidney failure and/or anemia, heart failure, seizure, death, and infectious diseases such as viral hepatitis, Acquired Human Immunodeficiency Syndrome (AIDS), and other infections which cannot be tested for at this time or which are unknown at this time. The risk of acquiring an infectious disease from transfused blood or blood components from the community blood supply is relatively low since the units have been donated by volunteer donors and have been tested for infectious diseases as required by State and Federal standards. These tests are used along with a detailed health history on the donor to make the blood as safe as possible.

AUTOLOGOUS DONATION (Receiving your own blood): I understand that in some instances it may be possible to donate my own blood for elective medical procedures. (Although this eliminates infectious disease transmission, the transfusion still carries with it the risks of adverse reactions, such as fever, chills and bacteria contamination. In addition, the previously donated autologous units may not be enough to meet all my transfusion needs. An intraoperative autologous transfusion (blood recovered during my operation and given back to me) is another alternative approved by me if my physician/provider advises to use.

Circle One- I (have) (have not) made prior arrangements for AUTOLOGOUS transfusions.

DIRECTED DONATION (Receiving blood from friends or relative): I understand that in some cases it is possible to arrange for direct donations. However, I understand that directed donations have not been demonstrated to be safer than blood from the volunteer blood supply. In addition, the directed units may be enough to meet all my transfusion needs.

Circle One - I (have) (have not) made prior arrangements for DIRECTED donations.

I am aware that the practice of medicine and surgery is not an exact science and acknowledge that no guarantee or warranties have been made to me concerning the results of the procedure(s). I hereby state that I have read and understand the above information and that all my questions about the procedures, and risks and benefits have been answered in a language that I understand, and I hereby consent to such transfusion as my Provider(s) may deem medically necessary.

Signature of Patient (or Legal Representative or Relative) Witness to Signature

Date/Time

Physician/Provider Signature

Date/Time



COHESIVE HEALTHCARE MANAGEMENT & CONSULTING
MANGUM REGIONAL MEDICAL CENTER

REFUSAL TO PERMIT THE ADMINISTRATION OF BLOOD OR BLOOD PRODUCTS

(NUR-006A)

Patient Name _____

Date: _____ Time: _____

I request that no blood or blood products be administered to me during the hospitalization. I hereby release and hold harmless the hospital, its employees, my Providers, and any other person participating in my care from any responsibility or unfavorable results due to my refusal to permit the use of blood or blood products.

The possible risks and consequences of such refusal, including shock, coma and death, have been explained to me by my Providers and I fully understand that such risks and consequences may indeed occur as a result of my refusal.

_____/_____/_____
Signature of Patient or Legal Guardian Date Time

_____/_____/_____
Signature of Witness Date Time

_____/_____/_____
Second Witness (if telephone refusal) Date Time

_____/_____/_____
Signature of Provider or Physician Date Time