

**SUNY DOWNSTATE MEDICAL CENTER**  
**UNIVERSITY HOSPITAL OF BROOKLYN**  
**POLICY AND PROCEDURE**

No: BLB-2A

**Subject:** PROCEDURE FOR DOCUMENTING  
 PHYSICIAN-PATIENT DISCUSSION PRIOR  
 ELECTIVE TRANSFUSION AND FOR  
 DOCUMENTATION PATIENT CONSENT OR  
 REFUSAL TO ELECTIVE TRANSFUSION  
 OF BLOOD COMPONENTS/PRODUCT

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**JCAHO Standards:** RI.2.60, RI.2.40, PI.1.110,  
 MS.3.10, IM.6.20, IM.6.30

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**Distribution**     **Administrative Manual**  
 **Department Manual**  
 **Patient Care Manual**  
 **AOD Manual**

**Issued by:**        **Regulatory Affairs**

**POLICY:**    The following two types of transfusion-related documentation must be obtained prior to intended elective transfusion.

1. The transfusing physician, prior to an intended elective transfusion episode, must discuss with the patient (or patient surrogate) the transfusion indications, known and unknown risks, alternatives, possible risks of no transfusion, possible need for multiple transfusions, and the fact that the choice to undergo transfusion belongs to the patient alone. The patient or surrogate must have the opportunity to ask questions. **This physician-patient conversation or notification, must be documented, dated, signed by the physician, and charted.**
2. The patient (or patient surrogate) must consent to, or refuse an elective transfusion episode. **Documentation of consent or refusal must be signed by the patient, or patient surrogate, witnessed, dated and charted.**
3. The preferred mechanism for documenting these separate types of transfusion-related documentation is the two sided form: **(Side I) DOCUMENTATION OF PATIENT NOTIFICATION BY THE TRANSFUSING PHYSICIAN REGARDING TRANSFUSION OF BLOOD COMPONENTS/ PRODUCTS; (Side II) PATIENT CONSENT OR REFUSAL TO PERMIT TRANSFUSION OF BLOOD COMPONENTS/PRODUCTS (11/98). (See**

**copies of Side I and Side II respectively, pages \_\_\_\_\_ and \_\_\_\_).**

4. Alternatively, a chart note signed by the physician may serve as documentation of the physician-patient conversation regarding transfusion, although not for documentation of patient consent/refusal.

## **PROCEDURE /GUIDELINES**

### **GENERAL:**

1. The following is the procedure for using the two sided form:
  - A. The form should be obtained from the nursing station. The patient demographics should be stamped or written in the space provided on both sides.
  - B. An elective (in other than life-threatening circumstances) transfusion episode may be considered to include all transfusions occurring during a single hospital inpatient admission or a single outpatient visit. **An episode is defined as one or more than one closely spaced transfusion given to attain a desired hematocrit or other effect. If the indication for inpatient transfusion changes, a new form must be generated.**
  - C. The transfusion physician may be either a house staff or attending physician caring for the patient.
  - D. The transfusing physician has the responsibility for assuring the completion of both types of transfusion-related documentation, and for appropriate referral to the Non Blood Management Program (NBMP), if transfusion is refused.
  - E. The nursing and other categories of New York State (NYS) approved staff assisting in starting an elective transfusion have the responsibility for making sure that prior to obtaining blood components/products from the blood bank both types of completed transfusion-related documentation are in the chart.
2. **THE DOCUMENTATION OF PATIENT NOTIFICATION REGARDING TRANSFUSION (Side I)** should be used as follows:
  - A. The **DOCUMENTATION OF PATIENT NOTIFICATION** side of the form should be signed and dated by the transfusing physician prior to each elective transfusion episode, following the outlined discussion with the patient. The patient (or patient surrogate) does not need to sign this form. The terms in parentheses are intended as examples of language which may be understandable to some patients; for others, simpler words will be needed.
  - B. A signed, dated chart note by the transfusing physician, summarizing such a decision, may be used in lieu of the **DOCUMENTATION OF PATIENT NOTIFICATION** side of the form.
  - C. This documentation should be completed and charted regardless of the patient's or patient surrogate's consent to, or refusal of transfusion.
3. **THE PATIENT CONSENT OR REFUSAL TO PERMIT TRANSFUSION (side II)** should be used as follows:

- A.** The **PATIENT CONSENT OR REFUSAL** side of the form should be signed by patients, with the capacity to understand, including by patients under 18 years of age, following the discussions with the physician regarding transfusion., and prior to each elective transfusion episode, as defined above.

It also should be signed by the parent or legal guardian of a patient under 18 years of age, as well as by the surrogate of a patient older than 18 years, who does not have the capacity to understand.

- B.** The **PATIENT CONSENT OR REFUSAL** side of the form allows the patient to sign either to consent to, or to refuse transfusion. Patients under 18 years of age with capacity to understand, should sign in the space for child assent. A parent or legal guardian also must sign for a patient under 18 years of age. A surrogate must sign for a patient older than 18 years, who does not have the capacity to understand.
- C.** The **PATIENT CONSENT OR REFUSAL** side of the form should be co-signed and addressed by a witness, but does not require physician signature.
- D.** If the patient (or his/her surrogate) refuses any or all of the transfusion options, he/she should be referred to the Non Blood Management Program (NBMP). Such patients will be provided the opportunity to sign additional, more inclusive and specific forms.

**Note:** Form (UH 182-80) **REFUSAL TO PERMIT BLOOD TRANSFUSION** is rendered obsolete and replaced by **(Side II) PATIENT CONSENT OR REFUSAL TO PERMIT TRANSFUSION OF BLOOD COMPONENTS (1/98)**.

Date Reviewed	Revision Required (Circle One)		Responsible Staff Name and Title
	Yes	No	
	Yes	No	
	Yes	No	



DATE: June 1, 2000

TO: Chairman/Directors of Service  
Chief Residents of Services

FROM: E.S. Gloster, M.D.  
Blood Bank Director

RE: Documentation of Physician of Patient Consent to Transfusion

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This is to remind you that the attached form and protocol, designed by the Transfusion committee and previously reviewed by the Chairman/Directors, now are approved hospital procedures. Both sides of the form should be filled out for each elective transfusion episode. i.e. an episode might be one transfusion, or more than one closely spaced transfusion given to attain a desired hematocrit or effect. For outpatients the form should be completed for each visit during which the patient is transfused. The previous form UH 182-80 (Refusal to Permit Blood Transfusion) is now obsolete. Forms should be available at all transfusing Nursing Stations, and are being distributed also from Blood Bank. The nurses are being in-serviced. Please call this form/protocol to the attention of your house staff and attending staff.

If there are any comments/complaints/suggestions, please call me at extension 1681, so that Transfusion Committee can incorporate them into future revisions of the form. Thank you in advance.

ESG: eb

ATT:

cc: Chairman/Directors of Services and Chief Residents:

Anesthesiology	Obstetrics/Gynecology
Cardiac Catheterization Lab	Orthopedics
Clinical Laboratories	Otolaryngology
Dentistry	Outpatient Division
Dialysis	Pediatrics
Emergency Medicine	Preventive Medicine
Family Practice	Radiation Oncology
HIV Programs – Adult and Pediatric	Radiology
Infectious Disease – Adult and Pediatric	Surgery – Adult and Pediatric
Medicine	Vascular Surgery
Hematology/Oncology – Adult and Pediatric	Transplant Surgery
Nephrology – Adult and Pediatric	Urology
Neurosurgery	