The Royal Children's Hospital Melbourne

UR NUMBER
SURNAME
GIVEN NAME(S)
DATE OF BIRTH
AFFIX PATIENT LABEL HERE ↑

Patient Consent to Blood Products

I, _____, being the parent/legal guardian/mature minor/patient of
(Full name of the person giving consent)

_____,
(Full name of the person receiving blood products)

Dr. _____ has discussed the following with me:

- ○ The reason for transfusion
- ○ Risks and benefits of having a transfusion
- ○ Risks of not having a transfusion
- ○ Possible alternative to transfusion (if any)

Provision of patient information: **Verbal** ○ **Written** ○ **Declined** ○ **Electronic** ○

○ I **AGREE** to transfusion of the blood products listed below as part of the management of my/my child's medical condition or possible blood loss associated with operation/procedure:

- Red blood cells
- Fresh Frozen Plasma (FFP)
- Albumin (Albumex 4% and 20%)
- Coagulation Fact6or Concentrates
- Platelets
- Cryoprecipitate
- Immunoglobulin

Patient unable to consent for transfusion:

○ This patient/patient's family could not give consent to the transfusion of blood products because the transfusion was urgent/emergency.

○ I **REFUSE** transfusion of blood products and procedure that utilise donated blood for myself/my child.

Refusal of Transfusion: If the patient/parent/guardian indicates that they are not willing to provide consent for transfusions of blood and blood products – refer to the *"Blood Refusal – Management of"* procedure on the RCH intranet.

○ This transfusion consent is valid for the entirety of this patient admission.

○ In the instance where a patient requires ongoing transfusion support, consent can be obtained for 12 months. If this is the case, this consent is valid until date: _____/_____/_____

Signature: (Parent/patient) _____ Date: _____/_____/_____

Signature: (Doctor) _____ Date: _____/_____/_____

If interpreter service used
Name of interpreter _____ Date: _____/_____/_____

Patient Consent to Blood Products MR634/A