Hospital name ____________

Please enter your email address. ______________

Part A: Hospital-wide Blood Transfusion Consent Policy
(Complete only one per Health Service)

A hospital-wide Blood Transfusion Consent Policy maybe a stand alone policy, included as part of your Blood Transfusion policy or contained within an overall consent to treatment policy.

Does your hospital policy include a statement regarding obtaining consent for transfusion?

Yes  No

If answer is No please proceed to Part B

If yes, please complete the following questions about your Blood transfusion Consent policy.

Which products does your hospital Blood Transfusion Consent policy include?

- Blood and Blood products (fresh and fractionated)
- Blood (fresh) only
- Does not state

Does your hospital Blood Transfusion Consent policy include a statement regarding how and/or where the informed consent for transfusion should be documented?

Yes  No

If yes, according to your hospital Blood Transfusion Consent policy how is the informed consent documented?

- Specific Blood Consent form
- Generic consent form including a specific reference to transfusion
- Generic surgical consent form with a specific reference to transfusion
- Generic consent form without a specific reference to transfusion
- Blood request form
- Medical record notation
- Does not state
- Other (please state) ________________

If yes, according to your hospital Blood Transfusion Consent policy where is the consent documentation maintained on completion?

- Medical record
- Electronic format
- Medical record and electronically
- Does not state
- Other (please state) ________________

Does your hospital Blood Transfusion Consent policy specify how long transfusion consent remains valid?

Yes  No
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For patients with conditions that require ongoing transfusions, does your policy state how long consent remains valid (e.g. a haematology/oncology patient receiving transfusions as supportive care for their current treatment regime)?

Yes  No

If yes, how long is the ongoing consent valid? (single answer).

- No time frame specified
- For an admission only
- Up to and including 3 months
- More than 3 months and up to & including 6 months
- More than 6 months and up to & including 1 year
- More than 1 year but not indefinite
- Indefinite

Does your hospital Blood Transfusion Consent policy state that the consent process should involve a discussion with the patient that includes the following?:

- The reasons for the proposed blood product transfusion
- The risks and benefits of the blood product
- The risks or consequences of not receiving the product
- The availability and appropriateness of any other blood management strategies
- An opportunity to ask questions
- Use of a competent interpreter when the patient is not fluent in English
- Use of written information or diagrams where appropriate

Does your hospital Blood Transfusion Consent policy specify whose responsibility it is to obtain consent?

- No one is specified
- Consultant Medical Officer
- Registrar
- Intern
- Nurse practitioner
- Other (please specify) _____________________________

Does your hospital Blood Transfusion Consent policy specify what supporting written information is to be used in the consent process?

Yes  No

If yes, please indicate what "supporting written information" is specified:

- State based patient information about transfusion (e.g. Blood Matters/BloodSafe/Blood Watch)
- Locally developed hospital transfusion information
- No local patient information leaflet for transfusion is currently available
- ANZSBT/NHMRC - "Blood Who Needs It?"
- Children receiving a blood transfusion: A Parents Guide (ANZSBT/ARCBS/NZBS/SA DoH)
- Other (please state) ____________________________________________

Thank you for your involvement.
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Part B: Audit of Transfusion Consent Practice
(Maximum of 30 Transfusion administration episodes per health service)

Hospital name ________________________

Patient audit number ___________ (Please number your audits sequentially from 1-30)

Patient age: ___________ years

Gender: Male Female

Clinical Specialty: Medical Haematology/ Oncology Surgical Obstetric

Please complete for A SINGLE UNIT transfused for an individual patient.

Date of Transfusion: ___________ (dd/mm/yyyy)

Have you also completed Part C for this patient/ transfusion episode? Yes No

If yes, please enter the patient audit number allocated in Part C for this patient ___________.

Type of Blood Component transfused:
- Red Blood Cells.
- Platelets
- FFP
- Cryoprecipitate
- Fractionated blood product

Were other blood products ordered for that date of Transfusion? Yes No

If yes, please indicate the blood products requested:
- Red Blood Cells.
- Platelets
- FFP
- Cryoprecipitate
- Fractionated blood product

Was consent documented and valid for the product administered? Yes No

If yes, who obtained the consent?
- Consultant Medical Officer
- Registrar
- Intern
- Nurse practitioner
- Cannot identify
- Other (please specify) _____________________________

Is it documented that written information was given to the patient? Yes No

Thank you for your involvement.
Consent Audit – 2012

Part C: Patient/Parent/Guardian Understanding of the Consent Process
(Maximum of 30 Transfusion administration episodes per health service)

Hospital name ________________________

Patient audit number ___________ (Please number your audits sequentially from 1-30)

Date of survey ___________ (dd/mm/yyyy)

Patient age: ___________ years

Gender: Male    Female

English as first language Yes    No

Clinical Specialty: Medical    Haematology/ Oncology    Surgical    Obstetric

Completed with Patient    Parent    Guardian

Have you also completed Part B for this patient/ transfusion episode? Yes  No

If yes, please document the patient audit number allocated in Part B for this patient ___________.

Have you /your child/ your ward received a blood transfusion during this hospital admission? Yes  No

If patient/parent/ guardian answer NO they are not aware they have received a transfusion, please DO NOT proceed with the following questions.

Did you feel you were involved with the decision making process to receive a blood transfusion? Yes    To a certain degree    No    Cannot recall

Do you have any comments on your involvement with the decision making process to receive a blood transfusion? _______________________________________

Can you recall if the information you received about the blood transfusion was verbal? Yes  No  Cannot recall

Can you recall if the information you received about the blood transfusion was in written form (brochure etc)? Yes  No  Cannot recall

If yes to either question above, when was this written and/or verbal information given to you? Prior to your admission On admission At the time you were informed that you needed a blood transfusion. At the time you were asked to complete a consent form for a blood transfusion Other please specify ___________________________
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Were the possible risks associated with the blood transfusion explained to you?
Yes   No    Cannot recall

Were the possible risks of not having the blood transfusion discussed with you?
Yes   No    Cannot recall

Were you offered alternatives to the blood transfusion?
Yes   No    Cannot recall

If yes, can you recall what these alternatives were?
Iron   Vitamins   Erythropoietin
Cell salvage   Change to medication   Other medication/procedure
Cannot recall

Were you given the opportunity to ask questions?
Yes   No    Cannot recall

If you did ask questions, do you feel your questions were answered?
Yes   No    Cannot recall
Did not ask questions

Were you asked to give consent?
Yes   No    Cannot recall

What do you understand was the reason for your blood transfusion?
Cancer or cancer treatment (chemotherapy)
Bone marrow failure
Anaemia
Blood loss/bleeding
Low iron
Low Hb
Surgery
Trauma
Thalassaemia major
Thrombocytopenia
Factor deficiency
Liver disease
Renal failure
Drug effects e.g. Warfarin, Clopidogrel
Cannot recall
Other: (please specify) ____________________________

Do you feel you received enough information about having a transfusion?
Yes   No    Cannot recall

Thank you for your involvement.