Part A: 2022 Hospital-wide Blood Transfusion Consent Policy
(Complete only one per hospital)

A hospital-wide blood transfusion consent policy may be a standalone policy, included as part of your blood transfusion policy or contained within an overall consent/refusal to treatment policy.

Does your health service have a policy statement regarding consent for blood and blood product transfusion?

☐ Yes ☐ No

If answer is No

If no policy statement, why?

_____

_____

_____

Then please proceed to Part B.

If yes, please complete the following questions about your blood transfusion consent policy.

Which products does your health service blood transfusion consent policy statement include?

☐ Blood components and products (fresh and fractionated)
☐ Blood components (fresh) only
☐ Does not state

According to your health service blood transfusion consent policy statement how is informed consent documented? (Multiple responses)

☐ Specific blood consent form
☐ Generic form (such as included in surgical consent, general consent to treatment)
☐ Medical record notation
☐ Does not state
☐ Other (please state) _____

Does your health service blood transfusion consent policy statement specify the period of time transfusion consent remains valid?

☐ Yes ☐ No

If yes:

a) Is this the same for all patients in all settings?

☐ Yes ☐ No

b) What are the options for duration of consent? (Multiple responses)

☐ For an admission only
☐ up to 12 months
☐ 12 months or more but not indefinite
☐ Indefinite

Does your health service blood transfusion consent policy statement specify that a discussion with the patient should include the following?

The reasons for the proposed blood product transfusion ☐ Yes ☐ No

The risks and benefits of the blood product	☐ Yes	☐ No
The risks or consequences of not receiving the product	☐ Yes	☐ No
The availability and appropriateness of any other blood management strategies	☐ Yes	☐ No
An opportunity to ask questions	☐ Yes	☐ No
Use of a competent interpreter when the patient is not fluent in English	☐ Yes	☐ No
Use of written information or diagrams where appropriate	☐ Yes	☐ No

Does your health service blood transfusion consent policy statement specify who is able to obtain consent? (Multiple responses)

☐ Consultant medical officer
☐ Registrar
☐ Intern
☐ Nurse practitioner
☐ Registered midwife
☐ No one is specified
☐ Other (please specify) _____

Does your health service blood transfusion consent policy statement 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: (Multiple responses)

☐ Externally developed patient information about transfusion (e.g. Blood Matters/BloodSafe/Blood Watch)
☐ Locally developed hospital transfusion information
☐ Children receiving a blood transfusion: A Parent's Guide (ANZSBT/ARCBS/NZBS/SA DoH)
☐ Other (please state)

Does your health service have a policy statement that provides a process to follow in the event a patient refuses blood/blood products?

☐ Yes ☐ No

Does your health service have a policy statement that provides a process to follow in the event a patient/MTDM is unable to consent?

☐ Yes ☐ No

Thank you for your involvement.

Part B: 2022 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)

Complete one audit for an individual patient including all fresh blood products received on a single day (up to 30 unique patients).

Patient age: _____ years

Gender: ☐ Male ☐ Female

Clinical Specialty (adult/paediatric):

☐ Medical
☐ Surgical
☐ Obstetric
☐ Haematology/ Oncology
☐ ICU
☐ HDU
☐ Emergency department

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

Type of fresh blood component/s transfused: (multiple response)

☐ Red blood cells.
☐ Platelets
☐ FFP
☐ Cryoprecipitate

Could blood transfusion consent be found for this patient?

☐ Yes ☐ No

<u>If blood transfusion consent was found:</u>

The consent was:

☐ Specific blood consent form
☐ Generic form (such as included in surgical consent, general consent to treatment)
☐ Medical record notation only
☐ Other (please specify) _____

Date consent recorded: _____ (dd/mm/yyyy) – enter 9/9/1999 if no date provided.

Duration of the consent (select one only)

☐ No time frame specified
☐ For the admission only
☐ Up to 12 months
☐ 12 months or more but not indefinite
☐ Indefinite

Blood component/s included on consent: (select all that applies)

- ☐ Red blood cells.
- ☐ Platelets
- ☐ FFP
- ☐ Cryoprecipitate
- ☐ All fresh blood components (generic statement)

Is there documented evidence that the following was provided to the patient (select all that applies)

- ☐ Reasons for the proposed blood/blood product transfusion.
- ☐ Risks and benefits of the blood/blood product
- ☐ Risks or consequences of not receiving the blood/ blood product
- ☐ Alternatives to transfusion
- ☐ Use of written information or diagrams where appropriate

Who obtained (signed) the consent?

- ☐ Consultant medical officer
- ☐ Registrar
- ☐ Intern
- ☐ Medical officer – designation unknown
- ☐ Nurse practitioner
- ☐ Cannot identify
- ☐ Other (please specify) _____

Was the consent form signed by?

- ☐ Patient
- ☐ Medical Treatment Decision Maker (MTDM)
- ☐ Unsigned

If unsigned by patient/MTDM, is a reason provided

☐ Yes ☐ No

If yes, please specify: _____

If required, was an interpreter provided where the patient has limited proficiency in English?

- ☐ Not needed
- ☐ Yes
- ☐ No
- ☐ Unknown

<u>If no consent found, is there a reason consent not be documented</u>

- ☐ No explanation provided
- ☐ Verbal consent only (documented in medical record).
- ☐ Emergency transfusion
- ☐ Other (please specify) _____

Thank you for your involvement.