



BERKELEY MEDICAL CENTER
2500 Hospital Drive
Martinsburg, WV 25401

CONSENT TO BLOOD PRODUCTS

FORM #C0018 (10/2017)

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Consent to Blood PRODUCTS

I understand that blood is essential to the body's functioning, to life. Care is taken to limit a patient's loss of blood and, thus, to reduce the need for a transfusion. However, if one's blood level falls too low, one may go into shock or coma and suffer very serious harm, or even death. If low blood level poses such a threat in the course of my treatment, there may be NO EFFECTIVE ALTERNATIVE TO A TRANSFUSION OF RED CELLS OR BLOOD PRODUCTS.

SELF/FAMILY/DIRECTED DONATION (Red Blood Cells only)

I understand that I have an alternative to receiving blood provided by the Hospital's supplier. I have been informed that I may bank my own blood or the blood of family members or friends provided there is adequate time to procure, process, test and allocate such units. I also understand that although all reasonable efforts will be made to comply with my request, there is no guarantee that such banked blood will be used. I understand that blood donated by family or friends may be no safer than banked blood.

I understand that emergencies may arise which may make it necessary to use blood other than mine. I understand that emergencies may arise when it may not be possible to make adequate cross-matching tests, and that immediate need may make it necessary to use existing stocks of blood which may not include the most compatible blood types.

The blood supplied under this agreement is secondary to providing the surgical or other medical services. University Healthcare cannot guarantee the availability of the prescribed blood or blood products and cannot guarantee the result of any procedure or the quality of any blood or blood products.

I HAVE READ AND UNDERSTAND THIS CONSENT FORM AND I GIVE MY CONSENT AS DESCRIBED IN THIS FORM:

Patient**

Date and Time

Witness

Date and Time

I CERTIFY THAT THE ABOVE NAMED PATIENT _____ HAS RECEIVED ALL INFORMATION NECESSARY TO GIVE INFORMED CONSENT AS EXPLAINED BY MYSELF ON THIS DATE.

Physician

Date and Time

** THE PATIENT IS UNABLE TO CONSENT FOR THE FOLLOWING REASON (S):

I THEREFORE CONSENT FOR THE PATIENT:

Signature

Date and Time

Relationship to Patient

Witness

Date and Time





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I, _____, have received information from Dr. _____ about my condition, diagnosis, the proposed treatment, alternatives and related risks. I have received all the information I wish and have received a satisfactory explanation of the procedure. All of my questions have been answered to my satisfaction. I understand that I may refuse consent. I GIVE INFORMED CONSENT TO THE USE OF BLOOD AND BLOOD PRODUCTS AS DEEMED NECESSARY AND ADVISABLE IN THE JUDGMENT OF THE ATTENDING PHYSICIAN OR ASSISTANTS. It is understood that the attending physician or assistants shall be responsible for the performance of their own individual professional acts.

It has been explained to me that in performing a transfusion, blood or a blood product is introduced into one of my veins. Depending upon a physician's assessment of what I need, the transfusion may be whole blood, red blood cells, platelets, plasma, or some other blood product. The amount of blood or blood product transfused is a judgment the physician will make based on my particular needs.

BENEFITS & RISKS FOR BLOOD AND BLOOD PRODUCTS (PACKED RED BLOOD CELLS, FRESH FROZEN PLASMA, PLATELETS, CRYO) There are no alternatives to blood transfusions and failure to receive blood products may result in death.

BLOOD PRODUCT	BENEFITS:	RISKS
RED BLOOD CELLS	Transfused to increase oxygen carrying capacity in patients who are bleeding or have low red cell counts.	A transfusion is a common procedure generally of low risk. Minor and temporary reactions are not uncommon, including slight bruising, swelling or local infection in the area where the needle pierces the skin. Non-serious reactions could include headache, fever, or a mild skin reaction, such as itching or a rash. All blood products are now carefully tested for infectious diseases. However, there is still a very small risk that transfusion can transmit diseases. These diseases include two forms of viral hepatitis (type B and C), an inflammation of the liver and HIV infection, the virus that causes AIDS. The risk of being infected with Hepatitis is very small and infection with HIV after transfusion is extremely rare. The current standard tests are very effective. The blood components you receive have passed the current standard tests. Transfusion of blood of the wrong type can be fatal, but this too is highly unlikely. Our blood supply comes from a certified regional supplier known as American Red Cross, Johnstown Region. The viral testing is not performed by the Hospital. It is the responsibility of our supplier, not the Hospital, to properly perform blood screening.
PLATELETS	Platelets are little cell parts that prevent us from bleeding. When we cut ourselves the first line of defense against bleeding is the formation of a "platelet plug".	
FRESH FROZEN PLASMA	Transfused to treat bleeding disorders when many factors are missing that help blood to clot.	
CRYOPRECIPITATE	Transfused when certain factors are missing that help blood to clot. Primarily used for Fibrinogen, a clotting factor, replacement.	

