

Te Hanga Whaioranga Mō Te Iwi – **Building Healthy Communities**

Patient Label

Name: _____

NHI: _____ DOB: _____
dd/mm/yy

Address: _____

or patient details

Consent for use of blood components and products

Information:

Blood components are separated elements of fresh blood and include red cells, platelets and plasma. Blood products are purified plasma proteins made from many donors for example albumin and immunoglobulin.

What is a blood transfusion?

Blood transfusion is a medical treatment and involves giving components or products made from blood into a vein.

How safe is a blood transfusion?

Blood transfusion is safe and only performed when absolutely necessary.

- Mild fever or skin rash occurs 1:100.
- A major reaction (may cause kidney/breathing problems) occurs 1:100,000.
- Infection occurs 1:100,000 to 1:1000,000.

What blood components are used?

- Red cells are used to treat anaemia or major bleeding.
- Platelets are used to treat bleeding (required for blood clotting).
- Fresh/frozen plasma and cryoprecipitate are used to replace clotting factors.
- Blood products are used to treat specific rare conditions.

What alternatives are there?

- No transfusion – if your doctor believes transfusion is necessary the risk of not having a transfusion is likely greater than having one.
- Autologous transfusion – blood collected from you with the purpose of being given back to you within a specified period of days.
- Blood substitutes – these are not available in New Zealand.

An information pamphlet on blood products is produced by the NZ Blood Service and can be made available on request.

I have provided and explained the above information to this patient including the purpose of the blood components/products and provided an opportunity to ask questions.

Signature _____ Date _____
dd/mm/yy

Name _____ Designation _____

I have received the above information.

I have had my questions answered.

I consent to receive blood components/products.

I also consent to any measures necessary in the unlikely event of a reaction to a component/product.

THIS CONSENT IS VALID FOR SIX MONTHS (12 months for medical day patients on maintenance therapy)

I give this consent for myself/for _____ who is my _____.

Signature _____ Date _____
dd/mm/yy