

CONSULTATION ON
SaBTO Patient Consent for Blood Transfusion
DRAFT Recommendations 2020

Please return completed form to SaBTO mbsabto@dhsc.gov.uk by 10th July 2020

Name of person completing form Dr Richard Hull FRCP Glasgow

Contact Details (optional) c/o Steven Shanahan (steven.shanahan@rcpsg.ac.uk)

Name of Organisation (if appropriate) Royal College of Physicians and Surgeons of Glasgow

Role (if appropriate) Honorary Secretary

1. Is there anything in the document that is unclear? No / Yes

If Yes, please give details

Please see the general observations in separate sheet. See separate sheet

2. Is there anything in the document that you think is incorrect? No / Yes

If yes, please give details see below

Please see the general observations in separate sheet.

3. Response to Recommendations

Recommendation:

The patient is **unlikely** to receive a transfusion as part of a procedure during which time the patient will be incapacitated. For example, during most types of surgery where no blood is routinely requested prior to surgery and no 'group and save' sample is taken pre procedure. The patient should be informed that transfusion is unlikely unless an unexpected emergency arises. Advance care planning is essential for this category of persons. The health care practitioner should ascertain whether the patient would consent to receive a transfusion under such circumstances and only provide additional information about the transfusion as required/requested by the patient. That this discussion has occurred should be documented contemporaneously in the patient's clinical record. If the patient does receive a transfusion, the patient will need to be informed post procedure prior to discharge and retrospective patient information will be required.

Do you agree with this recommendation

NO

YES

If No, please explain why

Recommendation:

The patient will **possibly/is likely** to receive a transfusion as part of a procedure during which time the patient will be incapacitated. This will be for individual clinicians to determine, but may be defined, for example, as requesting a 'group and save' sample. Inform the patient that transfusion is possible/likely. Provide a general explanation of the procedure, along with an explanation of the risks inherent in the procedure and the risks inherent in refusing the procedure. Complete the informed consent for transfusion process, documenting in the patient's clinical record that this shared decision-making process has occurred, and that the patient has provided consent. If the patient does receive a transfusion, the patient will need to be informed post procedure prior to discharge.

Do you agree with this recommendation

NO

YES

If No, please explain why

Recommendation:

The patient will **definitely** receive a transfusion. Complete the informed consent for transfusion process, documenting in the patient's clinical record that this shared decision-making process has occurred and the patient has been informed of the risks and benefits of a recommended course of action (as well as other options) and has provided consent.

Do you agree with this recommendation

NO

YES

If No, please explain why

Recommendation:

The patient needs to receive a transfusion in an **emergency** and is unable to provide consent. This must be documented in the patient's clinical record and the patient will need to be informed post-emergency (when the patient is deemed to have capacity) and retrospective patient information will be required. If the patient is known to have previously refused transfusions this must be managed appropriately.

Do you agree with this recommendation

NO

YES

If No, please explain why

Subject to a clear process to be observed, if the patient has previously intimated their refusal.

Recommendation:

The patient is expected to receive **multiple** transfusions on more than one occasion, for example patients with haemoglobinopathy or haematological conditions. Long-term multi-transfused patients will need ongoing information about risks, benefits and any potential alternatives. Long-term issues related to transfusion may include alloimmunisation and iron overload. This is discussed further in 'Duration of Consent'.

Do you agree with this recommendation

NO

YES

If No, please explain why

Recommendation:

The patient who **refuses** blood transfusion. Their wishes should be respected with relevant guidelines followed.

Do you agree with this recommendation

NO

YES

If No, please explain why

Again, dialogue should be promoted and given to the patient to understand the consequences of their refusal and exploration of alternatives.

Recommendation:

Informed and valid consent for transfusion should be obtained and documented in the patient's clinical record by the healthcare professional.

Do you agree with this recommendation

NO

YES

If No, please explain why

A clear process should be initiated to provide a consistent approach for such documentation.

Recommendation:

For long-term multi-transfused patients, written consent should be given at least annually.

Do you agree with this recommendation

NO

YES

If No, please explain why

This seems in line with current guidelines but if there is a change in the patient's condition or medical circumstances within the year, then the consent should be reviewed.

Recommendation:

Patients who have a blood transfusion and who were not able to give informed and valid consent prior to the transfusion should be informed of the transfusion details and provided with relevant written information prior to discharge.

Do you agree with this recommendation

NO

YES

This should be done as soon as feasible and prior to discharge.

Recommendation:

Patients who have a blood transfusion and who were not able to give informed and valid consent prior to the transfusion should be informed of the transfusion details and provided with relevant written information prior to discharge

Do you agree with this recommendation

NO

YES

If No, please explain why

Recommendation:

All patients who have received a transfusion should have details of the transfusion included in their hospital discharge summary to ensure the GP is aware

Do you agree with this recommendation

NO

YES

If No, please explain why

Recommendation:

The UK Blood Services should provide a standardised source of information for patients who may receive a blood transfusion in the UK

Do you agree with this recommendation

NO

YES

If No, please explain why

Previous research has shown that '85% of sites had a policy on consent for transfusion and 89% a policy on the provision of information. However, staff members were not always aware of the content of these policies or where to find them.'

<https://onlinelibrary.wiley.com/doi/full/10.1111/tme.12489> A standardised source of information would be valuable.

Recommendation:

Training in consent for transfusion should continue to be included in all relevant undergraduate healthcare professionals training, followed by continuous, regular knowledge updates (minimum 3-yearly) for all healthcare professionals involved in the consent for transfusion process.

Do you agree with this recommendationNO YES

It is suggested the recommendation should read 'training in 'obtaining' a patient' s consent

Recommendation:

There should be a centralised UK wide information resource for healthcare professionals to facilitate consent for transfusion discussions, indicating the key issues to be discussed when obtaining informed and valid consent for a blood transfusion, and providing up-to-date information on the risks of transfusion. This resource should be provided by the UK Blood Services. The feasibility of developing and maintaining this resource should be completed by the UK Blood Services within 6 months of the publication of these recommendations.

Do you agree with this recommendationNO YES **If No, please explain why****Recommendation:**

Compliance with these SaBTO Consent for Transfusion recommendations should be monitored by regulators.

Do you agree with this recommendationNO YES **If No, please explain why****Recommendation:**

All UK Healthcare organisations who provide blood transfusions should employ mechanisms to monitor the implementation and compliance with these SaBTO recommendations, which should be overseen by the appropriate Regulatory Bodies.

Do you agree with this recommendationNO YES **If No, please explain why**

Any other comments?

Thank you

Please return completed form to SaBTO mbsabto@dhsc.gov.uk by 10th July 2020.