Institution Name: Directorate General of Specialized Medical Care, MOH

Document Title: Policy and Procedure of Consent for transfusion of blood components

Approval Process

	Name	Title	Institution	Date	Signature
Written by	Sabria Al Hashami	Sr consultant Haematologist	Royal Hospital	Jan 2021	Sabria Al Hashami
Reviewed by	National Blood Transfusion committee	Directorate General of Specialized Medical Care	Ministry of Health	Jan 2021	As per attached list
Validated by	Dr.Qamra Al Sariri	DG of QAC	Ministry of Health	November 2021	
Approved by	Dr.Kadhim Jaffar Sulaiman	DG of SMC	Ministry of Health	December 2021	

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Acknowledgement

The following task force members developed the original document and revised this current one:

Dr.Kadhim Jaffar Sulaiman	Directorate General of Specialized Medical Care
Dr.Qamra Al Sariri	Directorate General of Quality Assurance Center
Dr. Sabria Al-Hashami	Royal Hospital
Dr. Khalid Al-Hashmi	Armed Forces Medical Services
Dr. Hana Ali Alaraimi	Royal Oman Policy Hospital
Dr. Arwa Al-Riyami	Sultan Qaboos University Hospital
Dr. Zainab Alaraimi	Department of Blood Banks Services
Dr. Thamina Ashraf	Department of Blood Banks Services
Dr. Khalid Al-Habsi	Department of Blood Banks Services
Abbas Al-Lawati	Directorate General Private Health Establishments
Bushra Al-Farsi	Directorate General of Legal Affairs
Samra Al-Barwani	Directorate General of Quality Assurance Center
Dr. Shadhiya Al-Khan	Department of Blood Banks Services
Asaad Al Qasmi	Directorate General of Specialized Medical Care

Acronyms:

MOH	Ministry of Health

Policy and Procedure of Consent for transfusion of blood components

1. Introduction

Physicians should have an effective relationship, based on respect, trust and good communication, with patients. Patient's autonomy and safety must be maintained within the frame of such relationship. Therefore, an informed consent is necessary prior to any medical intervention, including transfusion of blood components. Valid consent must meet the following requirements: the individual to be consented have the capacity to make the decision, the decision is voluntary after been provided with the appropriate information in a clear format. The information should cover the benefits, risks, consequences and alternatives to the proposed medical intervention. Finally, the decision should be legibly and accurately documented in patient's medical records. Due to lack of information about benefits of transfusion that is evidence based, the decision for transfusion must be taken in partnership with the patient. Patient must be informed about the likelihood of adverse events of both receiving and delaying a blood transfusion based on the available data.

2. Scope

This document is applicable to all qualified physicians ordering blood components [Red cells, Platelets, cryoprecipitate, Fresh Frozen plasma, cryo-poor plasma (cryosupernatent), granulocytes concentrates] for patients.

3. Purpose

To ensure that all patients are consented for transfusion of blood components and these transfusion episodes are documented in patient's medical files.

4. Definitions

4.1 Minor: Any person who is less than18years of age.

4.2 Adult: Any person who is18years of age or older.

4.3 capacity: The ability to appreciate the nature and implications of a health care decision; and/or to make an informed choice.

4.4 Physician: A qualified health care worker eligible to treat patients and prescribe blood components for transfusion.

4.5 Assigned Nurse: The nurse assigned to care for the patient receiving the blood transfusion and administering the transfusion

5. Policy

5.1 Blood transfusion consent is mandatory prior to elective transfusion of blood components and when the likelihood for it is anticipated (i.e. perioperatively).

5.2 Patients treated in emergency setting where it was not possible to obtain a valid consent pre-transfusion, the information about the transfusion must be conveyed to the patient &/or patient next of kin retrospectively.

5.3 All adults' patients with capacity shall consent for themselves.

5.4 The parents/legal guardian shall consent for a minor.

5.5 In case of adult patient who lack the capacity to consent, the consent shall be taken from any of the following:

5.5.1 Spouse

5.5.2 A parent

5.5.3 Eldest available son or next in line

5.5.4 Brother

5.5.5 Closest relative(s) accompanying the patient.

5.5.6 The legally appointed decision maker

5.6 A valid consent must include information on risks, benefits and alternatives to transfusion available before asking the patient to sign the consent.

5.7 The following information should be discussed: Type of blood component, indication for transfusion, benefits of the transfusion, risks of transfusion, possible alternatives to transfusion,

5.8 A written information is provided, where available, if patient needs time to consider or requires further information.

5.9 The discussion about the transfusion must be documented in the patient's clinical records

5.10 The information about the transfusion must be recorded in the discharge summary.

5.11 A physician must carry out the process of consent, preferably in the presence of a witness.

5.12 The consent is valid for the whole period of admission to the hospital for all episodic transfusions.

5.13 The consent must be obtained annually for patients on chronic transfusion program e.g. hemoglobinopathies, bone marrow failure syndromes.

5.14 Hospital transfusion committee must audit and monitor the compliance of the health professionals with the consent process.

5.15 Refusal to consent or withdrawal of consent must be documented on patient's record.

6. Procedure

6.1 Once the decision is taken to transfuse the patients with any of the blood components, the physician inform the patient/guardian about:

6.1.1 The decision

6.1.2 The benefits of the transfusion

6.1.3 The potential risks of the transfusion

6.1.4 If any alternatives to the transfusion are available

6.1.5 How the transfusion of components is carried out

6.2 If patient accept the transfusion, the consent form (see Appendix 1) must be signed and saved

6.3 If patient declined, the decision of the patient documented in the patient medical record.

7. Responsibilities

7.1 Hospital transfusion committee:

7.1.1 Implement this document in their respective health institutions

7.1.2 Audit and monitor the practice of taking the consent in their respective health institutions

7.2 Physician:

7.2.1 Strictly follow this standard operating procedure and policy

7.2.2 Take consent prior to transfusion of blood components

7.3 Assigned Nurse:

7.3.1 Ensure that the consent is taken and kept in the patient medical record prior to administration of a blood component to a patient

8. Document History and Version Control

Document History and Version Control			
Version	**Description of Amendment**	**Author**	**Review Date**
01	Initial Release		November 2024
02			
03			
04			
05			
Written by	**Reviewed by**	**Approved by**	
Sabria Al Hashami	National Blood Transfusion committee	Dr.Kadhim Jaffar Sulaiman	

9. Related Documents:

Ministerial decree (114/2020) related to National Blood program and document published on 16/08/2020

10. References:

Title of book/ journal/ articles/ Website	Author	Year of publication	Page
Consent: Patients and doctors making decisions together.	General Medical Council-UK	2008	
Specific Informed Consent for Blood Transfusion; The Ethical Considerations.	National Advisory Committee on Bioethics. Department of Health. Ireland.	2013	
Clinical practice guideline: Consent for A Blood Transfusion for adult and Children. Blood Safe-TP-L3-801 Consent Reference Guide Version 1.5	ARCBS Blood Component information Booklet Australia	2009	
Guidance for clinical Staff to support patient consent for blood transfusion	SaBTO. Advisory Committee on the safety of Blood, Tissues and Organs. UK	2011	

11. Appendix1: Consent form format

Consent form format (English version):

Please read the following carefully. Print your name in the blank and then sign below:
I, _____ (your name), **WILL ACCEPT** the use of the blood components [Red cells, Platelets, cryoprecipitate, Fresh Frozen plasma, cryo-poor plasma (cryosupernatent), granulocytes concentrates] as it is the opinion of my physician that they are necessary to save life and/or avoid damage to tissues, organs, or bodily functions.
I confirm that I have been informed about the potential benefits and risks of receiving blood components. I confirm that I have been informed whether there is an alternative therapy to transfusion. I confirm that I have had the chance to ask questions and that I am satisfied with the answers. I understand that my choice to accept or decline the blood components listed above will be enforced even if I am unconscious or unable to express my wishes due to medication or illness.

Signature (patient/guardian): _____Date: _____Time: _____

PHYSICIAN (this part to be completed by the physician):

I confirm that I have explained such appropriate options available to the patient in terms which, in my judgment, are suited to the understanding of the person named above. I further confirm that I have emphasized my clinical judgment of the potential risks and benefits to the patient and/or person regarding the transfusion of the above blood components.

Name of Physician: _____Signature: _____
Date: _____ Time: _____

Consent form format (Arabic version):

الرجاء قراءة ما يلي بعناية. أكتب اسمك في الفراغ ثم وقع أدناه:
أنا _____ (الاسم)، أوافق على نقل مشتقات الدم [الخلايا الحمراء، الصفائح دموية، الراسب القاري، البلازما، البلازما الخالية من الراسب القاري، خلايا الكريات البيضاء] لي/للمريض حيث أن رأي الطبيب أنها ضرورية لإنقاذ الحياة / لتجنب الإضرار بالأنسجة أو الأعضاء أو الوظائف الجسدية.
وقد تم إبلاغي بما يلي: الفوائد والمضاعفات المحتملة لتلقي مشتقات الدم وإذا كان هناك بدائل لنقل مشتقات الدم. أؤكد أنه أتيحت لي الفرصة لطرح الأسئلة على الطبيب وقد تم الإجابة على كل أسئلتي. أدرك أن قراري لقبول أو رفض مشتقات الدم المذكورة أعلاه سيتم تنفيذه حتى لو كنت فاقدًا للوعي أو غير قادر على التعبير عن رغبتي بسبب المرض.

التوقيع (المريض/ولي الأمر): ----------التاريخ: ----------الوقت: ----------

لاستخدام الطبيب:
أقر بأنني قد شرحت الخيارات المناسبة والمتاحة للمريض بطريقة مناسبة لفهم الشخص المذكور أعلاه. كما وضحت المضاعفات المحتملة والفوائد للمريض / ولي الأمر فيما يتعلق بنقل مشتقات الدم المذكورة أعلاه.

الاسم (الطبيب): ----------التوقيع: ----------
التاريخ: ----------الوقت: ----------