

INFORMATION ABOUT PROPOSED HEALTH SERVICE

Full name of patient	PESEL (Polish resident identification number)
<p>Name of proposed diagnostic or treatment service with higher risk / surgical procedure*:</p> <p>TRANSFUSION OF BLOOD AND BLOOD COMPONENTS</p>	

Information for the patient (description of the service, course, possible complications, preparation):

1. INDICATION FOR TRANSFUSION

The transfusion of blood and blood components, or transfusion for short, means the administration of a certain amount of blood or blood components, or the so-called units, by intravenous route. These are: Packed Red Blood Cells (PRBC) and preparations thereof, Packed Platelet Concentrate (PPC) and preparations thereof, and Fresh Frozen Plasma (FFP), cryoprecipitate.

Blood and its components are collected from blood donors at the Regional Centres for Blood Donation and Haematology (Polish: RCKiK) and, after appropriate testing and preparation, brought to the hospital for patients.

Transfusion is usually performed at the time of a life-threatening emergency, but the indications for transfusion vary depending on the component to be given.

The most common indications include:

- acute, life-threatening haemorrhage,
- chronic loss or deficiency of a blood component,
- congenital malformations of blood components.

2. PREPARATION FOR TRANSFUSION

Transfusion is the administration of a blood component to a patient when symptoms caused by a deficiency or loss of the blood component cannot be treated in any other way. The decision to transfuse is made by the doctor, on the basis of: a medical history, i.e. an interview with the patient; a medical examination and assessment of the patient's clinical condition; and the patient's blood tests performed. Blood is selected for transfusion after what is known as a compatibility test, which involves checking that the donor's blood is compatible with the recipient's.

3. COURSE OF TRANSFUSION

The transfusion is preceded by a brief examination of the patient, with the determination of heart rate, values and blood pressure and body temperature. Blood and its components are connected like an IV, in the presence of a doctor and nurse. The patient is observed throughout the transfusion for adverse reactions. Once the blood is connected, the following are checked: heart rate, blood pressure and body temperature, infusion rate, patency of the device and intravenous line.

4. POSSIBILITY OF COMPLICATIONS

In connection with transfusion, there is a risk of post-transfusion complications resulting from the patient's reaction to the transfused blood and its components, e.g. febrile, allergic, haemolytic reactions, immunisation.

During the course of the transfusion, the occurrence of any worrying symptom that may indicate the occurrence of a post-transfusion complication should be reported, in particular **developing chills, rash, redness of the skin, shortness of breath, pain in the limbs or pain in the lumbar region.**

Blood and its components are tested by the latest methods available and are safe, but there is a minimal risk of post-transfusion contamination with biological pathogens, including, but not limited to, viral pathogens (HBV, HCV, HIV). If the RCKiK informs the S.C.D.Z. Medicina Hospital of the risk of blood donor being infected with biological pathogens, including, but not limited to, viral pathogens (HBV, HCV, HIV), then the patient will be informed of this fact and asked to report for follow-up tests.

As a legal representative of the Patient, I give consent for providing proposed health services for them

YES*

NO*

.....
DATE SIGNATURE OF THE LEGAL REPRESENTATIVE

.....
DATE SIGNATURE OF THE LEGAL REPRESENTATIVE

Legal Representative's Data:

Full name:

PESEL (Polish resident identification number)

Address:

Phone:

Reason for not obtaining written consent for proposed health services:

Decision of the Guardianship Court regarding providing health services for the patient/reason, date and place of issue, decision reference number and its scope:

.....
DATE

.....
STAMP AND SIGNATURE OF THE DOCTOR

Note!

- 1.A doctor may perform a procedure or apply a method of treatment or diagnosis that poses an increased risk to a patient who is a minor, incapacitated or incapable of giving informed written consent, after obtaining the written consent of the patient's legal representative.
- 2.In the case of a minor patient who is 16 years of age or older, the written consent of the patient is required, in addition to the written consent of his or her legal representative.
- 3.The factual guardian is not entitled to consent to a surgical procedure or to the use of a treatment or diagnostics method that poses an increased risk to the patient.

Declaration of consent to provide health service:
TRANSFUSION OF BLOOD AND BLOOD COMPONENTS

(Name of proposed diagnostic or treatment service with higher risk / surgical procedure*)

I hereby declare that on the day of:

at:

Doctor (name and surname):

Conducted a talk with me during which I was comprehensively informed about my health condition, the essence of my disease and possibilities of treatment and prognosis. He/She presented information regarding health services planned in my case and associated with my health condition, i.e. diagnostic tests, treatment and possible procedural treatment. He/She explained to me both benefits, as well as consequences and prognosis related to proposed proceedings. I was informed about the complication which may occur, associated with provided health service and the Doctor provided me with answers to questions related to them. I understood the information. I was also informed about inconveniences and consequences related to proposed health service. I was sufficiently informed about possibilities of potential selection of health services regarding my health condition. He/She also explained the consequences and prognosis related to not giving consent to proposed proceedings. He/She also informed me of the possibility that there may be medical as well as technical reasons arising solely from the progression of the disease process ascertained in the course of the health service provided, which may force the doctor providing the service to discontinue the service and/or modify the procedure by extending or reducing its scope, as well as to abandon it. In addition, I have received and read written information about the proposed health service including, e.g. a description of the health service and the complications that may arise in connection with it. I understood this information.** The doctor provided explanations to all doubts I had regarding the planned health service and I understood those explanations.

I give consent for providing proposed health service to me

YES*

NO*

.....
DATE SIGNATURE OF THE LEGAL REPRESENTATIVE

.....
DATE SIGNATURE OF THE LEGAL REPRESENTATIVE

*Delete as appropriate.

**applies in case of using written information about proposed health service