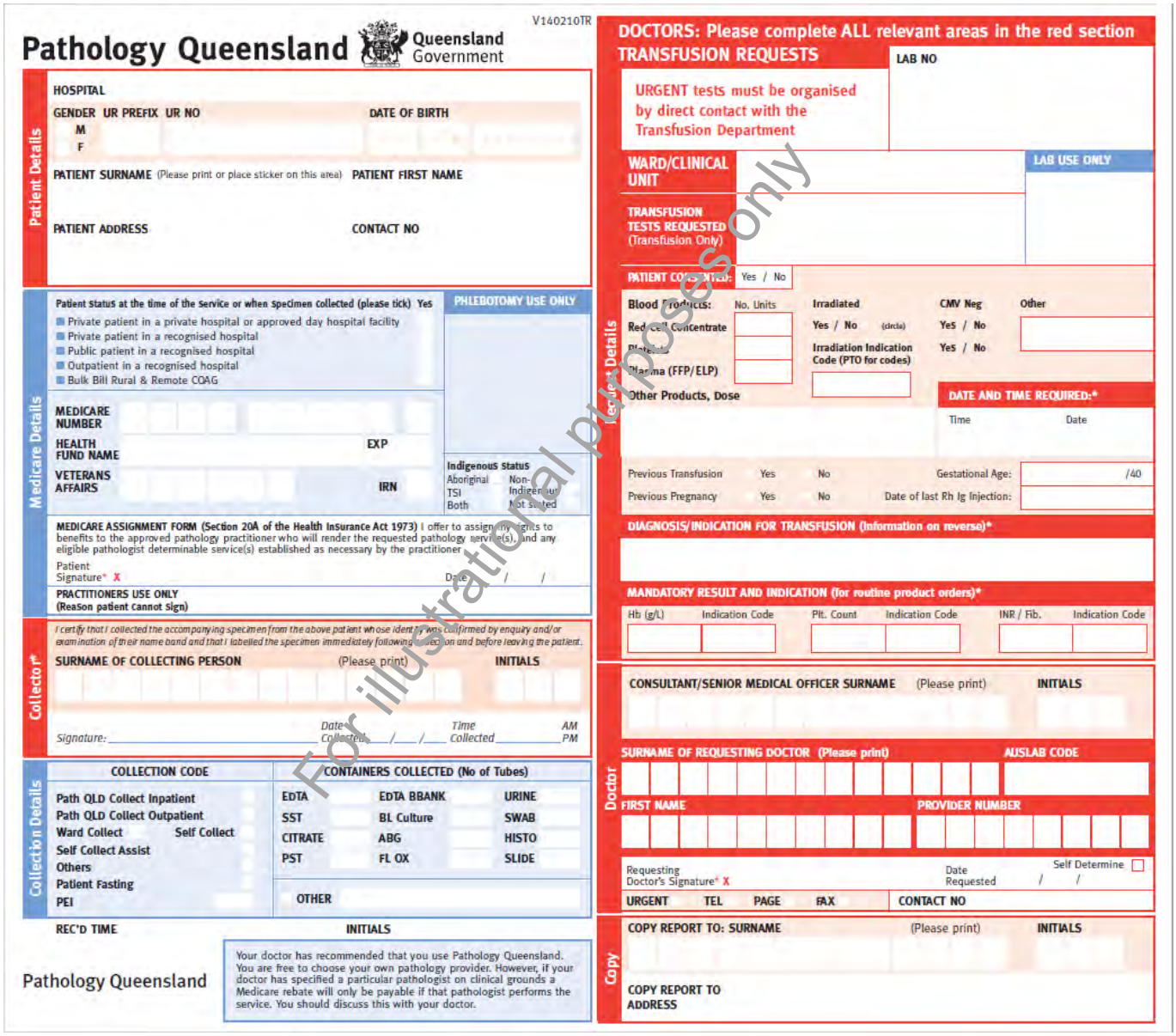
NSQHS Standard 7 Blood Management Definitions sheet – Edition 2

Blood Management Audit Tools Definitions

The following definitions and examples apply to the Blood and Blood Products Audit Tools:

1. Pathology Queensland transfusion request form
2. Documentation of adverse reaction, blood prescription and transfusion observations
3. Patient information sheet
4. Blood and blood products transfusion consent
5. Surgical consent form
6. Refusal or limited consent form
7. Advance Health Directive

1. Pathology Queensland transfusion request form



V140210TR

Pathology Queensland — Queensland Government

Patient Details
HOSPITAL
GENDER UR PREFIX UR NO — DATE OF BIRTH
M
F
PATIENT SURNAME (Please print or place sticker on this area) — PATIENT FIRST NAME
PATIENT ADDRESS — CONTACT NO

Medicare Details
Patient Status at the time of the Service or when Specimen Collected (please tick) Yes
- Private patient in a private hospital or approved day hospital facility
- Private patient in a recognised hospital
- Public patient in a recognised hospital
- Outpatient in a recognised hospital
- Bulk Bill Rural & Remote COAG

PHLEBOTOMY USE ONLY

MEDICARE NUMBER
HEALTH FUND NAME — EXP
VETERANS AFFAIRS — IRN

Indigenous Status
Aboriginal — Non-Indigenous
TSI — Not stated
Both

MEDICARE ASSIGNMENT FORM (Section 20A of the Health Insurance Act 1973) I offer to assign my rights to benefits to the approved pathology practitioner who will render the requested pathology service(s), and any eligible pathologist determinable service(s) established as necessary by the practitioner
Patient Signature* X — Date / /
PRACTITIONERS USE ONLY (Reason patient cannot Sign)

Collector*
I certify that I collected the accompanying specimen from the above patient whose identity was confirmed by enquiry and/or examination of their name band and that I labelled the specimen immediately following collection and before leaving the patient.
SURNAME OF COLLECTING PERSON (Please print) — INITIALS
Signature: — Date Collected / / — Time Collected — AM PM

Collection Details

COLLECTION CODE		CONTAINERS COLLECTED (No of Tubes)		
Path QLD Collect Inpatient		EDTA	EDTA BBANK	URINE
Path QLD Collect Outpatient		SST	BL Culture	SWAB
Ward Collect	Self Collect	CITRATE	ABG	HISTO
Self Collect Assist		PST	FL OX	SLIDE
Others		OTHER		
Patient Fasting				
PEI				

REC'D TIME — INITIALS

Pathology Queensland

Your doctor has recommended that you use Pathology Queensland. You are free to choose your own pathology provider. However, if your doctor has specified a particular pathologist on clinical grounds a Medicare rebate will only be payable if that pathologist performs the service. You should discuss this with your doctor.

DOCTORS: Please complete ALL relevant areas in the red section
TRANSFUSION REQUESTS — LAB NO
URGENT tests must be organised by direct contact with the Transfusion Department
WARD/CLINICAL UNIT — LAB USE ONLY
TRANSFUSION TESTS REQUESTED (Transfusion Only)
PATIENT CONSENTED: Yes / No

Event Details

Blood Products:	No. Units	Irradiated	CMV Neg	Other
Red Cell Concentrate		Yes / No (circle)	Yes / No	
Platelets		Irradiation Indication Code (PTO for codes)	Yes / No	
Plasma (FFP/ELP)				
Other Products, Dose				

DATE AND TIME REQUIRED:* Time Date
Previous Transfusion Yes No — Gestational Age: /40
Previous Pregnancy Yes No — Date of last Rh Ig Injection:
DIAGNOSIS/INDICATION FOR TRANSFUSION (Information on reverse)*
MANDATORY RESULT AND INDICATION (for routine product orders)*

Hb (g/L)	Indication Code	Plt. Count	Indication Code	INR / Fib.	Indication Code

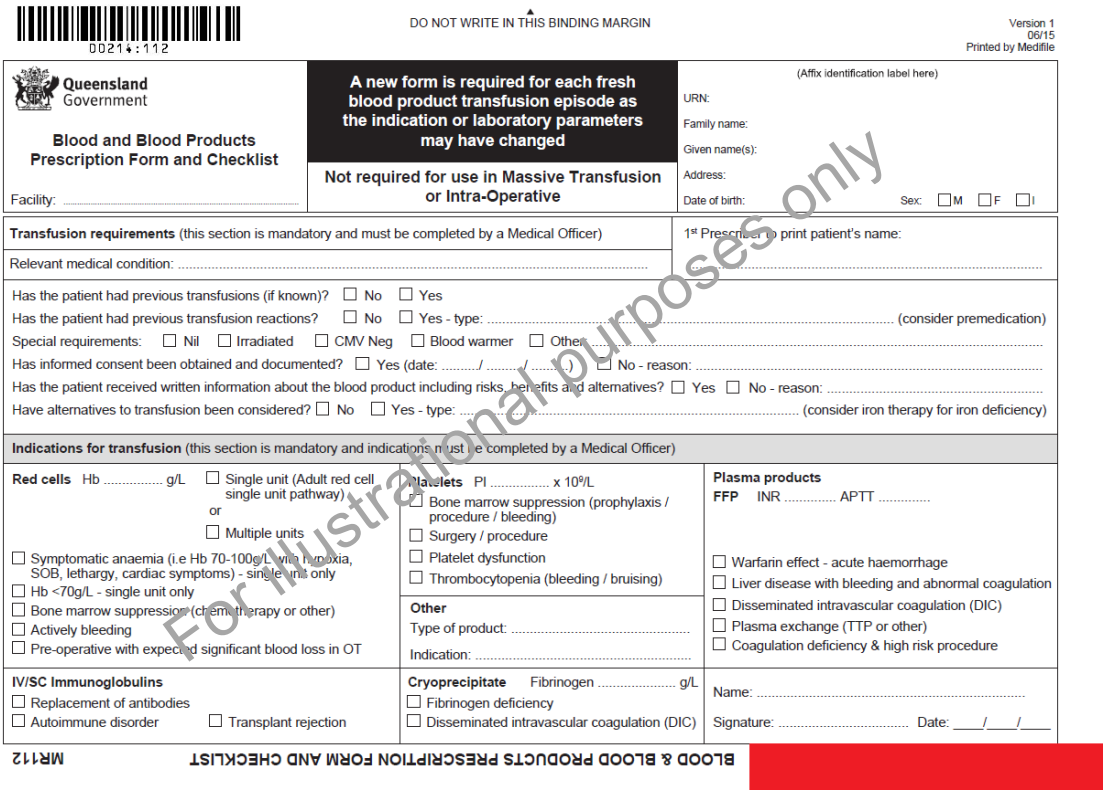
Doctor
CONSULTANT/SENIOR MEDICAL OFFICER SURNAME (Please print) — INITIALS
SURNAME OF REQUESTING DOCTOR (Please print) — AUSLAB CODE
FIRST NAME — PROVIDER NUMBER
Requesting Doctor's Signature* X — Date Requested / / — Self Determine ☐
URGENT — TEL — PAGE — FAX — CONTACT NO

Copy
COPY REPORT TO: SURNAME (Please print) — INITIALS
COPY REPORT TO ADDRESS

2. Documentation of adverse reaction, blood prescription and transfusion observations

Examples of documents where information can be found for adverse reaction (Q4.0, Q4.1, Q19.0 and Q19.1 patient audit tool); blood prescription (Q8.0, Q8.1 patient audit tool); and transfusion observations (Q9.0 to Q18.0 patient audit tool) including a fluid prescription chart, observation record and IV/SC fluid chart.

Blood and Blood Products Prescription Form and Checklist



DO NOT WRITE IN THIS BINDING MARGIN

Version 1
06/15
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Queensland Government

Blood and Blood Products Prescription Form and Checklist

Facility: .....

A new form is required for each fresh blood product transfusion episode as the indication or laboratory parameters may have changed

Not required for use in Massive Transfusion or Intra-Operative

(Affix identification label here)

URN:
Family name:
Given name(s):
Address:
Date of birth: Sex: ☐M ☐F ☐I

Transfusion requirements (this section is mandatory and must be completed by a Medical Officer)

Relevant medical condition: .....

1st Prescriber to print patient's name: .....

Has the patient had previous transfusions (if known)? ☐ No ☐ Yes
Has the patient had previous transfusion reactions? ☐ No ☐ Yes - type: ..... (consider premedication)
Special requirements: ☐ Nil ☐ Irradiated ☐ CMV Neg ☐ Blood warmer ☐ Other .....
Has informed consent been obtained and documented? ☐ Yes (date: ...../...../.....) ☐ No - reason: .....
Has the patient received written information about the blood product including risks, benefits and alternatives? ☐ Yes ☐ No - reason: .....
Have alternatives to transfusion been considered? ☐ No ☐ Yes - type: ..... (consider iron therapy for iron deficiency)

Indications for transfusion (this section is mandatory and indications must be completed by a Medical Officer)

Red cells Hb ..... g/L ☐ Single unit (Adult red cell single unit pathway) or ☐ Multiple units
☐ Symptomatic anaemia (i.e Hb 70-100g/L with hypoxia, SOB, lethargy, cardiac symptoms) - single unit only
☐ Hb <70g/L - single unit only
☐ Bone marrow suppression (chemotherapy or other)
☐ Actively bleeding
☐ Pre-operative with expected significant blood loss in OT

Platelets PI ..... x 10^9/L
☐ Bone marrow suppression (prophylaxis / procedure / bleeding)
☐ Surgery / procedure
☐ Platelet dysfunction
☐ Thrombocytopenia (bleeding / bruising)

Other
Type of product: .....
Indication: .....

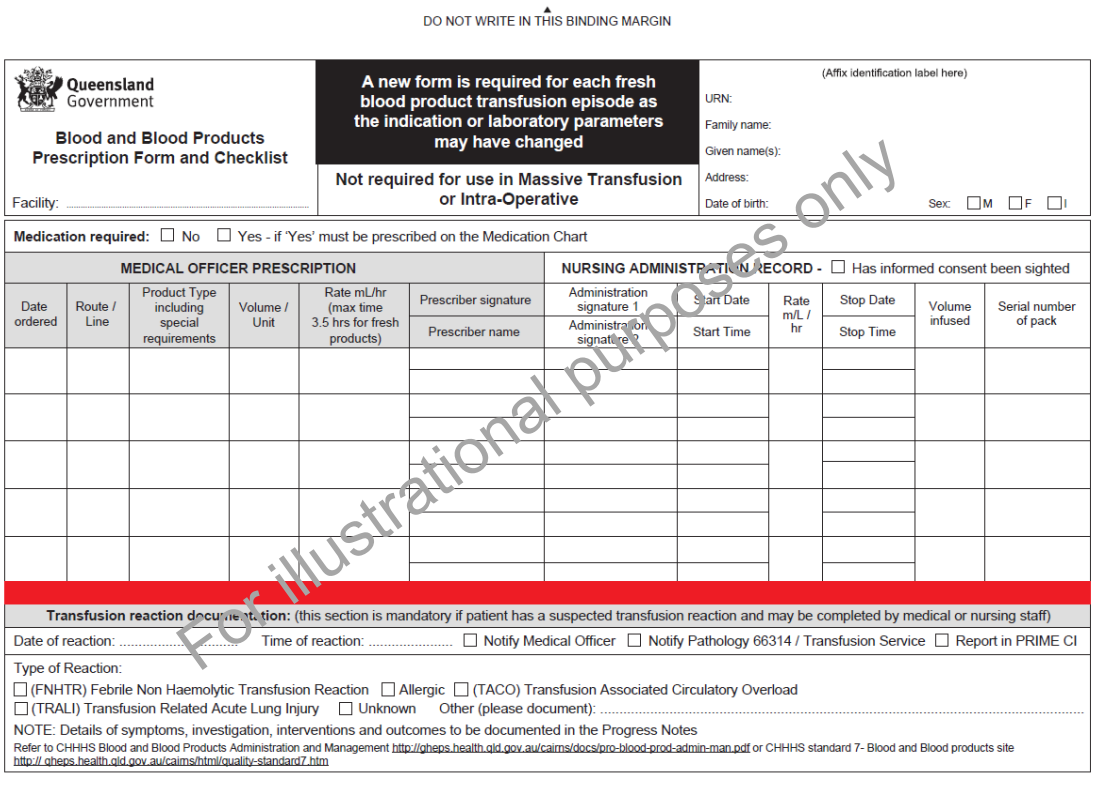
Plasma products
FFP INR ..... APTT .....
☐ Warfarin effect - acute haemorrhage
☐ Liver disease with bleeding and abnormal coagulation
☐ Disseminated intravascular coagulation (DIC)
☐ Plasma exchange (TTP or other)
☐ Coagulation deficiency & high risk procedure

IV/SC Immunoglobulins
☐ Replacement of antibodies
☐ Autoimmune disorder ☐ Transplant rejection

Cryoprecipitate Fibrinogen ..... g/L
☐ Fibrinogen deficiency
☐ Disseminated intravascular coagulation (DIC)

Name: .....
Signature: ..... Date: ___/___/___

MR112 BLOOD & BLOOD PRODUCTS PRESCRIPTION FORM AND CHECKLIST



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Queensland Government

Blood and Blood Products Prescription Form and Checklist

Facility: .....

A new form is required for each fresh blood product transfusion episode as the indication or laboratory parameters may have changed

Not required for use in Massive Transfusion or Intra-Operative

(Affix identification label here)

URN:
Family name:
Given name(s):
Address:
Date of birth: Sex: ☐M ☐F ☐I

Medication required: ☐ No ☐ Yes - if 'Yes' must be prescribed on the Medication Chart

MEDICAL OFFICER PRESCRIPTION						NURSING ADMINISTRATION RECORD - ☐ Has informed consent been sighted					
Date ordered	Route / Line	Product Type including special requirements	Volume / Unit	Rate mL/hr (max time 3.5 hrs for fresh products)	Prescriber signature / Prescriber name	Administration signature 1 / Administration signature 2	Start Date / Start Time	Rate mL / hr	Stop Date / Stop Time	Volume infused	Serial number of pack

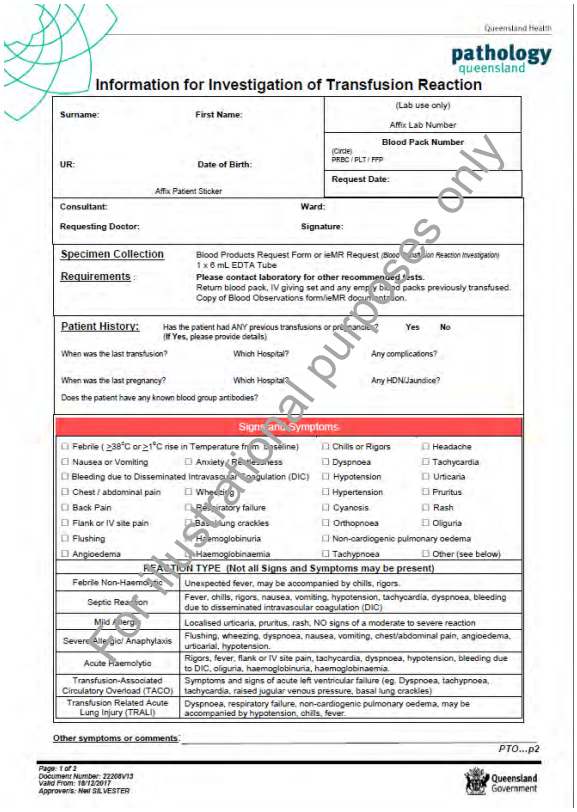
Transfusion reaction documentation: (this section is mandatory if patient has a suspected transfusion reaction and may be completed by medical or nursing staff)

Date of reaction: ..... Time of reaction: ..... ☐ Notify Medical Officer ☐ Notify Pathology 66314 / Transfusion Service ☐ Report in PRIME CI

Type of Reaction:
☐ (FNHTR) Febrile Non Haemolytic Transfusion Reaction ☐ Allergic ☐ (TACO) Transfusion Associated Circulatory Overload
☐ (TRALI) Transfusion Related Acute Lung Injury ☐ Unknown Other (please document): .....

NOTE: Details of symptoms, investigation, interventions and outcomes to be documented in the Progress Notes
Refer to CHHHS Blood and Blood Products Administration and Management http://gheps.health.qld.gov.au/cairns/docs/pro-blood-prod-admin-man.pdf or CHHHS standard 7- Blood and Blood products site http://gheps.health.qld.gov.au/cairns/html/quality-standard7.htm

Information for Investigation of Transfusion Reaction



Queensland Health

pathology queensland

Information for Investigation of Transfusion Reaction

Surname: **First Name:**	(Lab use only) Affix Lab Number
UR: **Date of Birth:** Affix Patient Sticker	**Blood Pack Number** (Circle) PRBC / PLT / FFP
	Request Date:
Consultant:	**Ward:**
Requesting Doctor:	**Signature:**

Specimen Collection Blood Products Request Form or ieMR Request (Blood Transfusion Reaction Investigation)
1 x 6 mL EDTA Tube

Requirements **Please contact laboratory for other recommended tests.**
Return blood pack, IV giving set and any empty blood packs previously transfused.
Copy of Blood Observations form/ieMR documentation.

Patient History: Has the patient had ANY previous transfusions or pregnancies? **Yes** **No**
(If Yes, please provide details)

When was the last transfusion? Which Hospital? Any complications?

When was the last pregnancy? Which Hospital? Any HDN/Jaundice?

Does the patient have any known blood group antibodies?

Signs and Symptoms

☐ Febrile (≥38°C or ≥1°C rise in Temperature from baseline)		☐ Chills or Rigors	☐ Headache
☐ Nausea or Vomiting	☐ Anxiety / Restlessness	☐ Dyspnoea	☐ Tachycardia
☐ Bleeding due to Disseminated Intravascular Coagulation (DIC)		☐ Hypotension	☐ Urticaria
☐ Chest / abdominal pain	☐ Wheezing	☐ Hypertension	☐ Pruritus
☐ Back Pain	☐ Respiratory failure	☐ Cyanosis	☐ Rash
☐ Flank or IV site pain	☐ Basal lung crackles	☐ Orthopnoea	☐ Oliguria
☐ Flushing	☐ Haemoglobinuria	☐ Non-cardiogenic pulmonary oedema	
☐ Angioedema	☐ Haemoglobinaemia	☐ Tachypnoea	☐ Other (see below)

REACTION TYPE (Not all Signs and Symptoms may be present)	
Febrile Non-Haemolytic	Unexpected fever, may be accompanied by chills, rigors.
Septic Reaction	Fever, chills, rigors, nausea, vomiting, hypotension, tachycardia, dyspnoea, bleeding due to disseminated intravascular coagulation (DIC)
Mild Allergic	Localised urticaria, pruritus, rash, NO signs of a moderate to severe reaction
Severe Allergic/ Anaphylaxis	Flushing, wheezing, dyspnoea, nausea, vomiting, chest/abdominal pain, angioedema, urticarial, hypotension.
Acute Haemolytic	Rigors, fever, flank or IV site pain, tachycardia, dyspnoea, hypotension, bleeding due to DIC, oliguria, haemoglobinuria, haemoglobinaemia.
Transfusion-Associated Circulatory Overload (TACO)	Symptoms and signs of acute left ventricular failure (eg. Dyspnoea, tachypnoea, tachycardia, raised jugular venous pressure, basal lung crackles)
Transfusion Related Acute Lung Injury (TRALI)	Dyspnoea, respiratory failure, non-cardiogenic pulmonary oedema, may be accompanied by hypotension, chills, fever.

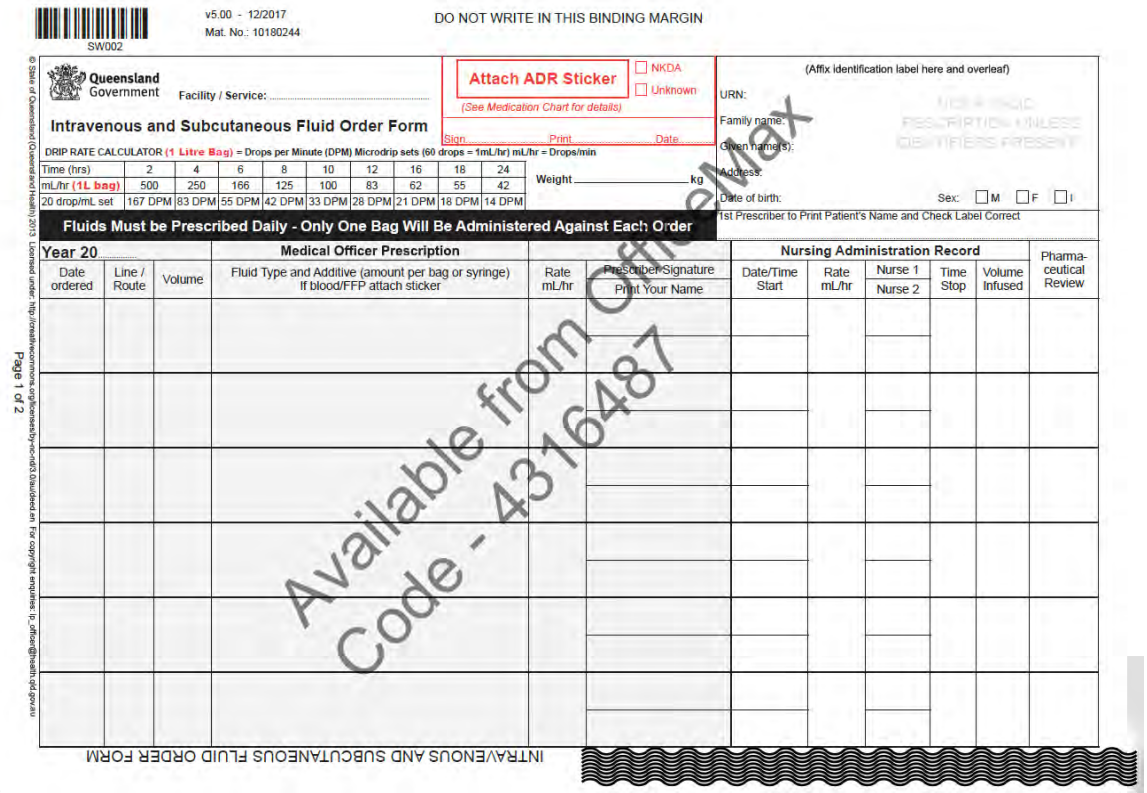
Other symptoms or comments:

PTO...p2

Page: 1 of 2
Document Number: 72208V13
Valid From: 18/12/2017
Approvers: Neil SILVESTER

Queensland Government

IV and SC Fluid Order form



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v5.00 - 12/2017
Mat. No.: 10180244

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Facility / Service:

Intravenous and Subcutaneous Fluid Order Form

Attach ADR Sticker ☐ NKDA ☐ Unknown
(See Medication Chart for details)

Sign Print Date

(Affix identification label here and overleaf)

URN:
Family name:
Given name(s):
Address:
Date of birth: Sex: ☐ M ☐ F ☐ I

1st Prescriber to Print Patient's Name and Check Label Correct

DRIP RATE CALCULATOR (1 Litre Bag) = Drops per Minute (DPM) Microdrip sets (60 drops = 1mL/hr) mL/hr = Drops/min

Time (hrs)	2	4	6	8	10	12	16	18	24
mL/hr (1L bag)	500	250	166	125	100	83	62	55	42
20 drop/mL set	167 DPM	83 DPM	55 DPM	42 DPM	33 DPM	28 DPM	21 DPM	18 DPM	14 DPM

Weight kg

Fluids Must be Prescribed Daily - Only One Bag Will Be Administered Against Each Order

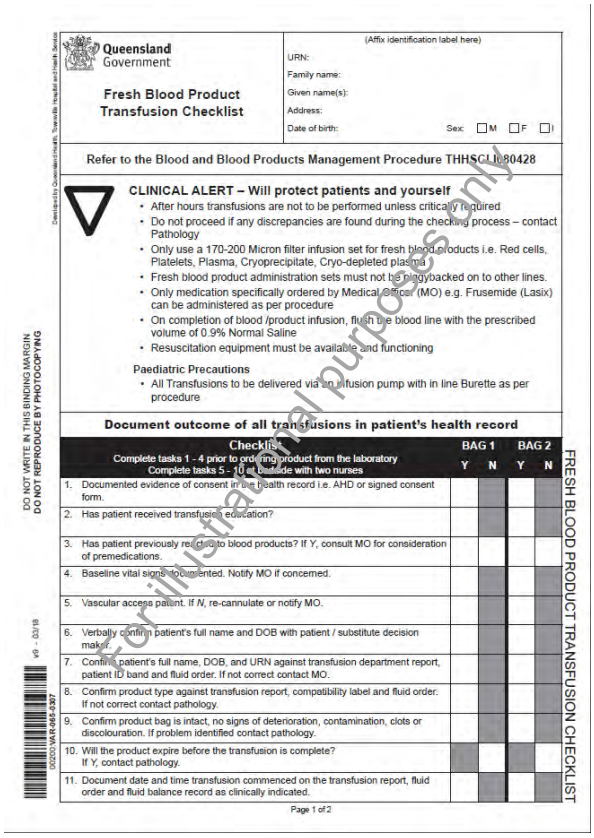
Year 20

Medical Officer Prescription						Nursing Administration Record					
Date ordered	Line / Route	Volume	Fluid Type and Additive (amount per bag or syringe) If blood/FFP attach sticker	Rate mL/hr	Prescriber Signature / Print Your Name	Date/Time Start	Rate mL/hr	Nurse 1 / Nurse 2	Time Stop	Volume Infused	Pharma-ceutical Review

INTRAVENOUS AND SUBCUTANEOUS FLUID ORDER FORM

Page 1 of 2

Fresh Blood Product Transfusion Checklist – Townsville Hospital, includes Observation Instructions



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Fresh Blood Product Transfusion Checklist

(Affix identification label here)

URN:
Family name:
Given name(s):
Address:
Date of birth: Sex: ☐M ☐F ☐I

Refer to the Blood and Blood Products Management Procedure THHSCI 80428

CLINICAL ALERT – Will protect patients and yourself

- After hours transfusions are not to be performed unless critically required
- Do not proceed if any discrepancies are found during the checking process – contact Pathology
- Only use a 170-200 Micron filter infusion set for fresh blood products i.e. Red cells, Platelets, Plasma, Cryoprecipitate, Cryo-depleted plasma
- Fresh blood product administration sets must not be piggybacked on to other lines.
- Only medication specifically ordered by Medical Officer (MO) e.g. Frusemide (Lasix) can be administered as per procedure
- On completion of blood /product infusion, flush the blood line with the prescribed volume of 0.9% Normal Saline
- Resuscitation equipment must be available and functioning

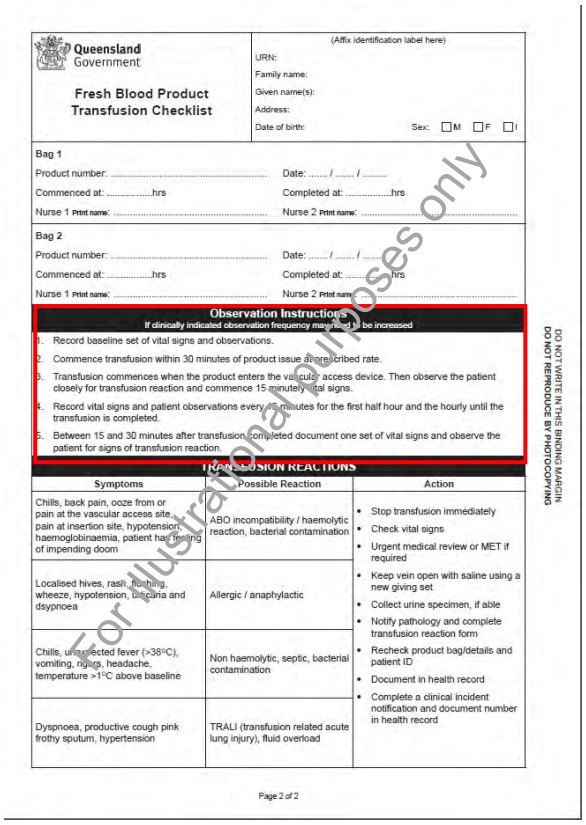
Paediatric Precautions

- All Transfusions to be delivered via an infusion pump with in line Burette as per procedure

Document outcome of all transfusions in patient's health record

Checklist Complete tasks 1 - 4 prior to ordering product from the laboratory Complete tasks 5 - 10 at bedside with two nurses	BAG 1 Y	BAG 1 N	BAG 2 Y	BAG 2 N
1. Documented evidence of consent in the health record i.e. AHD or signed consent form.				
2. Has patient received transfusion education?				
3. Has patient previously reacted to blood products? If Y, consult MO for consideration of premedications.				
4. Baseline vital signs documented. Notify MO if concerned.				
5. Vascular access patent. If N, re-cannulate or notify MO.				
6. Verbally confirm patient's full name and DOB with patient / substitute decision maker.				
7. Confirm patient's full name, DOB, and URN against transfusion department report, patient ID band and fluid order. If not correct contact MO.				
8. Confirm product type against transfusion report, compatibility label and fluid order. If not correct contact pathology.				
9. Confirm product bag is intact, no signs of deterioration, contamination, clots or discolouration. If problem identified contact pathology.				
10. Will the product expire before the transfusion is complete? If Y, contact pathology.				
11. Document date and time transfusion commenced on the transmission report, fluid order and fluid balance record as clinically indicated.				

Page 1 of 2



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Fresh Blood Product Transfusion Checklist

(Affix identification label here)

URN:
Family name:
Given name(s):
Address:
Date of birth: Sex: ☐M ☐F ☐I

Bag 1

Product number: ..... Date: ..... / ..... / .....
Commenced at: .....hrs Completed at: .....hrs
Nurse 1 Print name: ..... Nurse 2 Print name: .....

Bag 2

Product number: ..... Date: ..... / ..... / .....
Commenced at: .....hrs Completed at: .....hrs
Nurse 1 Print name: ..... Nurse 2 Print name: .....

Observation Instructions
If clinically indicated observation frequency may need to be increased

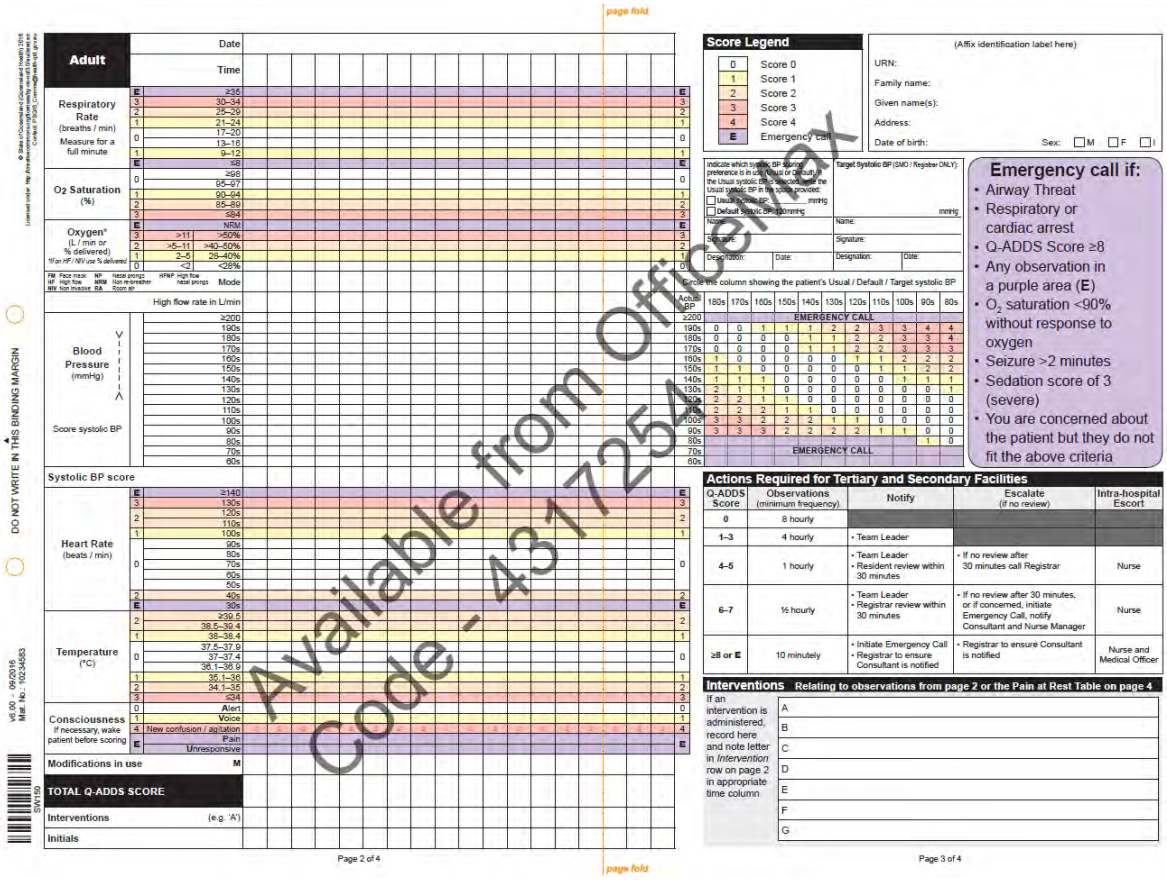
1. Record baseline set of vital signs and observations.
2. Commence transfusion within 30 minutes of product issue at prescribed rate.
3. Transfusion commences when the product enters the vascular access device. Then observe the patient closely for transfusion reaction and commence 15 minutely vital signs.
4. Record vital signs and patient observations every 15 minutes for the first half hour and the hourly until the transfusion is completed.
5. Between 15 and 30 minutes after transfusion completed document one set of vital signs and observe the patient for signs of transfusion reaction.

TRANSFUSION REACTIONS

Symptoms	Possible Reaction	Action
Chills, back pain, ooze from or pain at the vascular access site, pain at insertion site, hypotension, haemoglobinaemia, patient has feeling of impending doom	ABO incompatibility / haemolytic reaction, bacterial contamination	• Stop transfusion immediately • Check vital signs • Urgent medical review or MET if required • Keep vein open with saline using a new giving set • Collect urine specimen, if able • Notify pathology and complete transfusion reaction form • Recheck product bag/details and patient ID • Document in health record • Complete a clinical incident notification and document number in health record
Localised hives, rash, flushing, wheeze, hypotension, urticaria and dsypnoea	Allergic / anaphylactic	
Chills, unexpected fever (>38°C), vomiting, rigors, headache, temperature >1°C above baseline	Non haemolytic, septic, bacterial contamination	
Dyspnoea, productive cough pink frothy sputum, hypertension	TRALI (transfusion related acute lung injury), fluid overload	

Page 2 of 2

Q-ADDS chart



Adult

Date
Time

Respiratory Rate (breaths / min) Measure for a full minute	E	≥35
	3	30–34
	2	25–29
	1	21–24
	0	17–20
		13–16
	1	9–12
	E	≤8
O2 Saturation (%)	0	≥98
		95–97
	1	90–94
	2	85–89
	3	≤84
Oxygen* (L / min or % delivered) *For RF / NIV use % delivered	E	NRM
	3	>11 >50%
	2	>5–11 >40–50%
	1	2–5 29–40%
	0	<2 <28%
		FM Face mask NP Nasal prongs HFNP High flow RF High flow MRM Non re-breather NIV Non invasive RA Room air Mode
		High flow rate in L/min
Blood Pressure (mmHg) Score systolic BP		≥200
		190s
		180s
		170s
		160s
		150s
		140s
		130s
		120s
		110s
		100s
		90s
		80s
		70s
		60s
Systolic BP score		
Heart Rate (beats / min)	E	≥140
	3	130s
	2	120s
	1	110s
	0	100s
		90s
		80s
		70s
		60s
		50s
	2	40s
	E	30s
Temperature (°C)	2	≥39.5
	1	38.5–39.4
		38–38.4
	0	37.5–37.9
		37–37.4
		36.1–36.9
	1	35.1–36
	2	34.1–35
	3	≤34
Consciousness If necessary, wake patient before scoring	0	Alert
	1	Voice
	4	New confusion / agitation
	E	Pain
		Unresponsive
Modifications in use		M
TOTAL Q-ADDS SCORE		
Interventions		(e.g. 'A')
Initials		

Page 2 of 4

Score Legend

0	Score 0
1	Score 1
2	Score 2
3	Score 3
4	Score 4
E	Emergency call

(Affix identification label here)

URN:
Family name:
Given name(s):
Address:
Date of birth: Sex: ☐M ☐F ☐I

Indicate which systolic BP target preference is in use (Usual or Default). If the Usual systolic BP is recorded, enter the Usual systolic BP in the space provided:
☐ Usual systolic BP ..... mmHg
☐ Default systolic BP 100mmHg

Target Systolic BP (SMO / Registrar ONLY): ..... mmHg

Name: Name:
Signature: Signature:
Designation: Date: Designation: Date:

Circle the column showing the patient's Usual / Default / Target systolic BP

Actual BP	180s	170s	160s	150s	140s	130s	120s	110s	100s	90s	80s
≥200	EMERGENCY CALL										
190s	0	0	1	1	1	2	2	3	3	4	4
180s	0	0	0	0	1	1	2	2	3	3	4
170s	0	0	0	0	1	1	2	2	3	3	3
160s	1	0	0	0	0	0	1	1	2	2	2
150s	1	1	0	0	0	0	0	1	1	2	2
140s	1	1	1	0	0	0	0	0	1	1	1
130s	2	1	1	0	0	0	0	0	0	0	1
120s	2	2	1	1	0	0	0	0	0	0	0
110s	2	2	2	1	1	0	0	0	0	0	0
100s	3	3	2	2	2	1	1	0	0	0	0
90s	3	3	3	2	2	2	2	1	1	0	0
80s										1	0
70s	EMERGENCY CALL										
60s											

Emergency call if:

- Airway Threat
- Respiratory or cardiac arrest
- Q-ADDS Score ≥8
- Any observation in a purple area (**E**)
- O_2 saturation <90% without response to oxygen
- Seizure >2 minutes
- Sedation score of 3 (severe)
- You are concerned about the patient but they do not fit the above criteria

Actions Required for Tertiary and Secondary Facilities

Q-ADDS Score	Observations (minimum frequency)	Notify	Escalate (if no review)	Intra-hospital Escort
0	8 hourly			
1–3	4 hourly	• Team Leader		
4–5	1 hourly	• Team Leader • Resident review within 30 minutes	• If no review after 30 minutes call Registrar	Nurse
6–7	½ hourly	• Team Leader • Registrar review within 30 minutes	• If no review after 30 minutes, or if concerned, initiate Emergency Call, notify Consultant and Nurse Manager	Nurse
≥8 or E	10 minutely	• Initiate Emergency Call • Registrar to ensure Consultant is notified	• Registrar to ensure Consultant is notified	Nurse and Medical Officer

Interventions Relating to observations from page 2 or the Pain at Rest Table on page 4

If an intervention is administered, record here and note letter in *Intervention* row on page 2 in appropriate time column

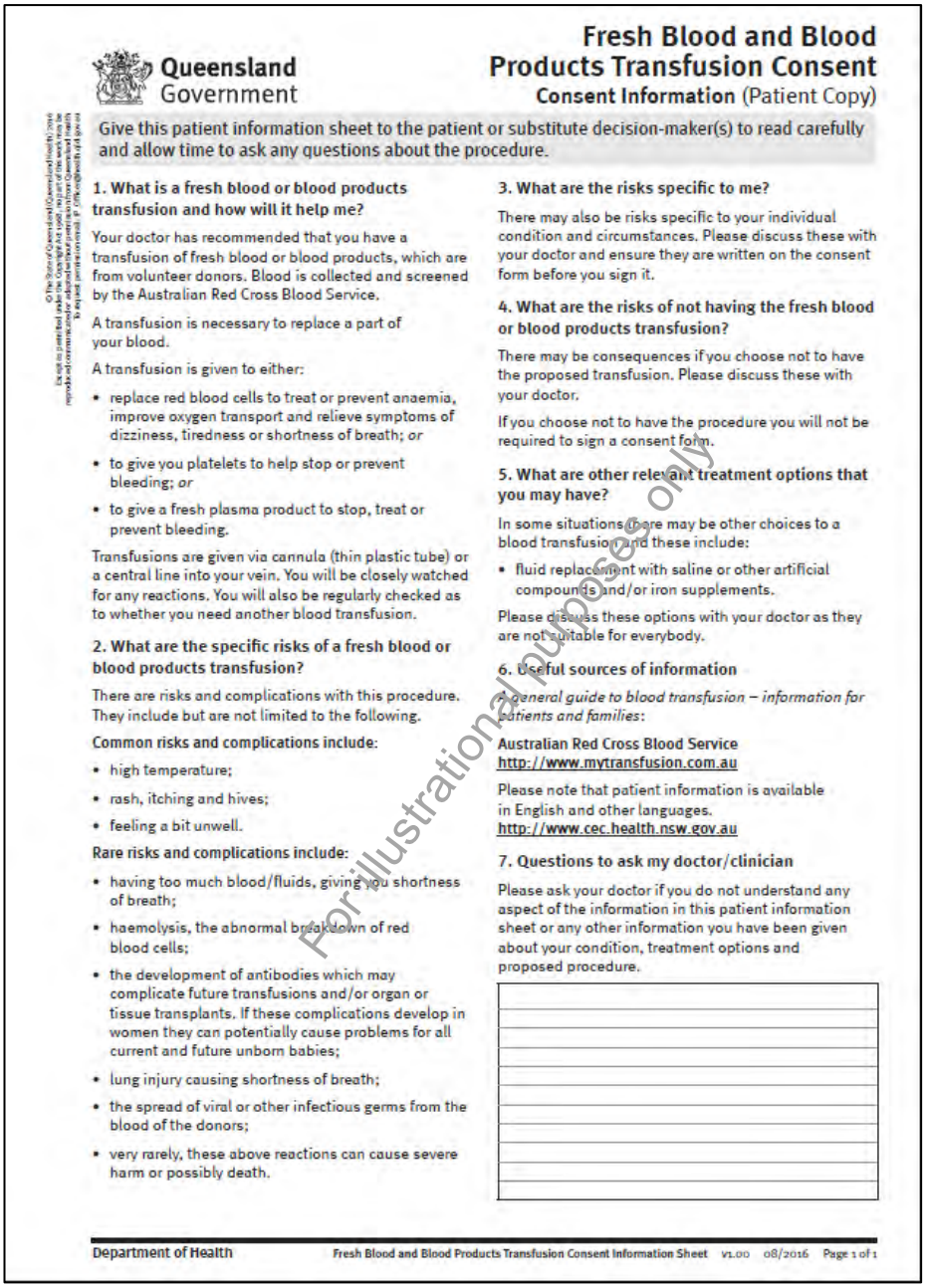
A	
B	
C	
D	
E	
F	
G	

Page 3 of 4

3. Patient information sheets

There are 3 specific patient information sheets the patient can receive on blood and blood products. Question 5.0 & 5.1 on the patient audit tool asks the patient to confirm if they have received a patient information sheet and if so, which one. In addition, Question 5.3 on the patient audit tool requires documented evidence on the Blood and Blood Products Transfusion Consent form that the Consent patient information sheet was given to the patient.

Fresh Blood and Blood Products Transfusion Consent – Consent Information



Queensland Government

Fresh Blood and Blood Products Transfusion Consent

Consent Information (Patient Copy)

Give this patient information sheet to the patient or substitute decision-maker(s) to read carefully and allow time to ask any questions about the procedure.

1. What is a fresh blood or blood products transfusion and how will it help me?

Your doctor has recommended that you have a transfusion of fresh blood or blood products, which are from volunteer donors. Blood is collected and screened by the Australian Red Cross Blood Service.

A transfusion is necessary to replace a part of your blood.

A transfusion is given to either:

- replace red blood cells to treat or prevent anaemia, improve oxygen transport and relieve symptoms of dizziness, tiredness or shortness of breath; *or*
- to give you platelets to help stop or prevent bleeding; *or*
- to give a fresh plasma product to stop, treat or prevent bleeding.

Transfusions are given via cannula (thin plastic tube) or a central line into your vein. You will be closely watched for any reactions. You will also be regularly checked as to whether you need another blood transfusion.

2. What are the specific risks of a fresh blood or blood products transfusion?

There are risks and complications with this procedure. They include but are not limited to the following.

Common risks and complications include:

- high temperature;
- rash, itching and hives;
- feeling a bit unwell.

Rare risks and complications include:

- having too much blood/fluids, giving you shortness of breath;
- haemolysis, the abnormal breakdown of red blood cells;
- the development of antibodies which may complicate future transfusions and/or organ or tissue transplants. If these complications develop in women they can potentially cause problems for all current and future unborn babies;
- lung injury causing shortness of breath;
- the spread of viral or other infectious germs from the blood of the donors;
- very rarely, these above reactions can cause severe harm or possibly death.

3. What are the risks specific to me?

There may also be risks specific to your individual condition and circumstances. Please discuss these with your doctor and ensure they are written on the consent form before you sign it.

4. What are the risks of not having the fresh blood or blood products transfusion?

There may be consequences if you choose not to have the proposed transfusion. Please discuss these with your doctor.

If you choose not to have the procedure you will not be required to sign a consent form.

5. What are other relevant treatment options that you may have?

In some situations there may be other choices to a blood transfusion and these include:

- fluid replacement with saline or other artificial compounds and/or iron supplements.

Please discuss these options with your doctor as they are not suitable for everybody.

6. Useful sources of information

A general guide to blood transfusion – information for patients and families:

Australian Red Cross Blood Service
http://www.mytransfusion.com.au

Please note that patient information is available in English and other languages.
http://www.cec.health.nsw.gov.au

7. Questions to ask my doctor/clinician

Please ask your doctor if you do not understand any aspect of the information in this patient information sheet or any other information you have been given about your condition, treatment options and proposed procedure.

4. Blood and blood products transfusion consent

Questions 6.0 and 6.1 on the patient audit tool require documented evidence on the Blood and Blood Products Transfusion Consent form.

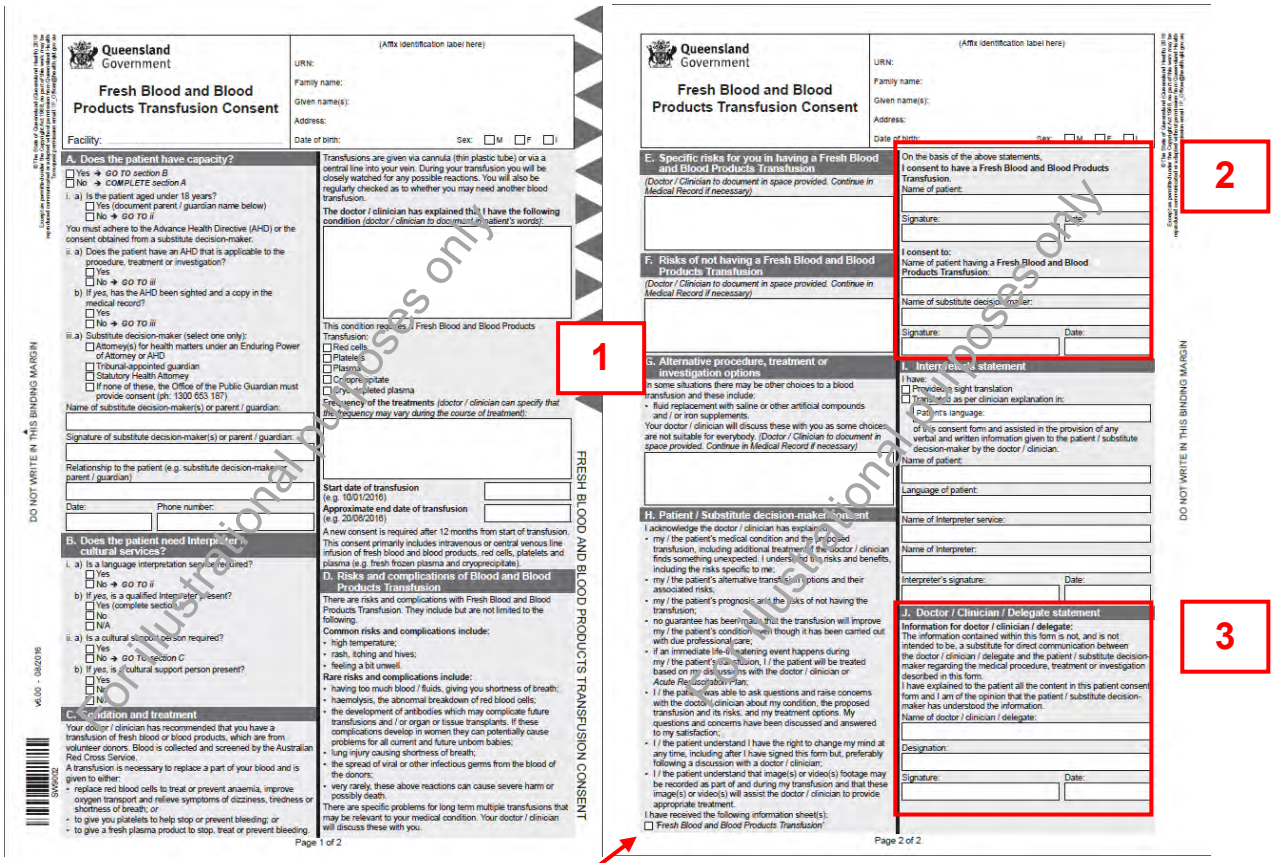
Question 6.1

If yes to 6.0, is there evidence that the

1. Blood and blood product(s) accepted have been documented?
2. Patient's name, signature and date is complete **OR**

   Advance Health Directive (AHD) is complete **OR**

   substitute decision maker's name, signature, relationship, date and source are complete?
3. doctor's/delegate's name, designation, signature and date are complete?



Question 5.3

Requires documented evidence on the Blood and Blood Product Transfusion Consent form that information sheet was given to the patient.

5. Surgical consent form

Questions 21.2 on the patient audit tool require documented evidence on the informed consent form for the surgical procedure.

Example: Aortic Surgery Informed Consent – page 2

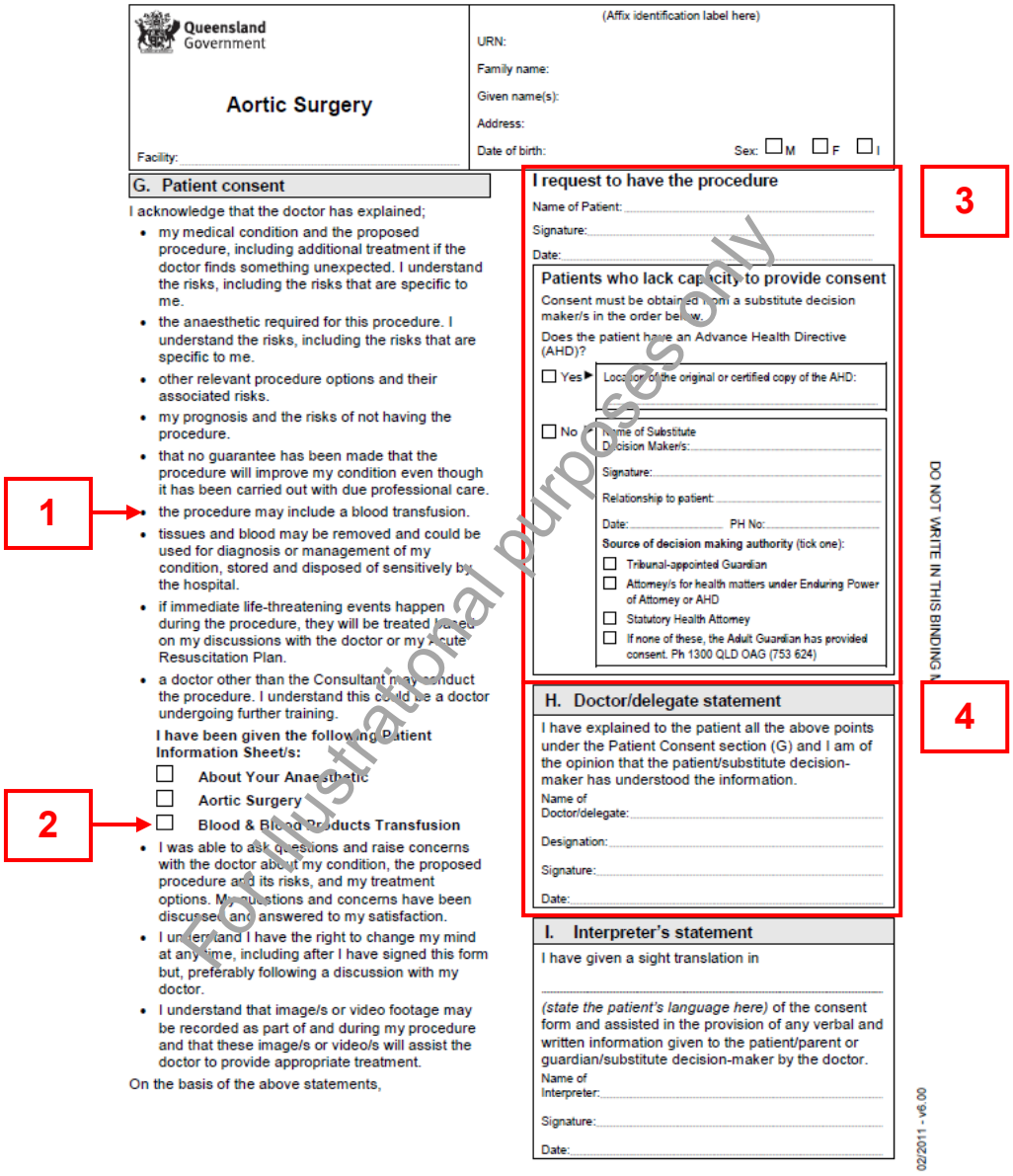
Question 21.2

If yes to 21.1, is there evidence that the:

1. consent includes the patient being aware that the procedure may include a blood transfusion?
2. patient has been given the Blood and Blood Products Transfusion Information Sheet?
3. patient's name, signature and date is complete **OR**

   AHD is complete **OR**

   substitute name, signature, relationship, date and source are complete?
4. doctor's/delegate's name, designation, signature and date are complete?



Queensland Government

Aortic Surgery

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐M ☐F ☐I

G. Patient consent

I acknowledge that the doctor has explained;

- my medical condition and the proposed procedure, including additional treatment if the doctor finds something unexpected. I understand the risks, including the risks that are specific to me.
- the anaesthetic required for this procedure. I understand the risks, including the risks that are specific to me.
- other relevant procedure options and their associated risks.
- my prognosis and the risks of not having the procedure.
- that no guarantee has been made that the procedure will improve my condition even though it has been carried out with due professional care.
- the procedure may include a blood transfusion.
- tissues and blood may be removed and could be used for diagnosis or management of my condition, stored and disposed of sensitively by the hospital.
- if immediate life-threatening events happen during the procedure, they will be treated based on my discussions with the doctor or my Acute Resuscitation Plan.
- a doctor other than the Consultant may conduct the procedure. I understand this could be a doctor undergoing further training.

I have been given the following Patient Information Sheet/s:

☐ About Your Anaesthetic
☐ Aortic Surgery
☐ Blood & Blood Products Transfusion

- I was able to ask questions and raise concerns with the doctor about my condition, the proposed procedure and its risks, and my treatment options. My questions and concerns have been discussed and answered to my satisfaction.
- I understand I have the right to change my mind at any time, including after I have signed this form but, preferably following a discussion with my doctor.
- I understand that image/s or video footage may be recorded as part of and during my procedure and that these image/s or video/s will assist the doctor to provide appropriate treatment.

On the basis of the above statements,

I request to have the procedure

Name of Patient:

Signature:

Date:

Patients who lack capacity to provide consent

Consent must be obtained from a substitute decision maker/s in the order below.

Does the patient have an Advance Health Directive (AHD)?

☐ Yes ▶ Location of the original or certified copy of the AHD:

☐ No ▶ Name of Substitute Decision Maker/s:

Signature:

Relationship to patient:

Date: PH No:

Source of decision making authority (tick one):

☐ Tribunal-appointed Guardian
☐ Attorney/s for health matters under Enduring Power of Attorney or AHD
☐ Statutory Health Attorney
☐ If none of these, the Adult Guardian has provided consent. Ph 1300 QLD OAG (753 624)

H. Doctor/delegate statement

I have explained to the patient all the above points under the Patient Consent section (G) and I am of the opinion that the patient/substitute decision-maker has understood the information.

Name of Doctor/delegate:

Designation:

Signature:

Date:

I. Interpreter's statement

I have given a sight translation in

(state the patient's language here) of the consent form and assisted in the provision of any verbal and written information given to the patient/parent or guardian/substitute decision-maker by the doctor.

Name of Interpreter:

Signature:

Date:

DO NOT WRITE IN THIS BINDING M

02/2011 - v6.00

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For illustrational purposes only

6. Refusal or limited consent form

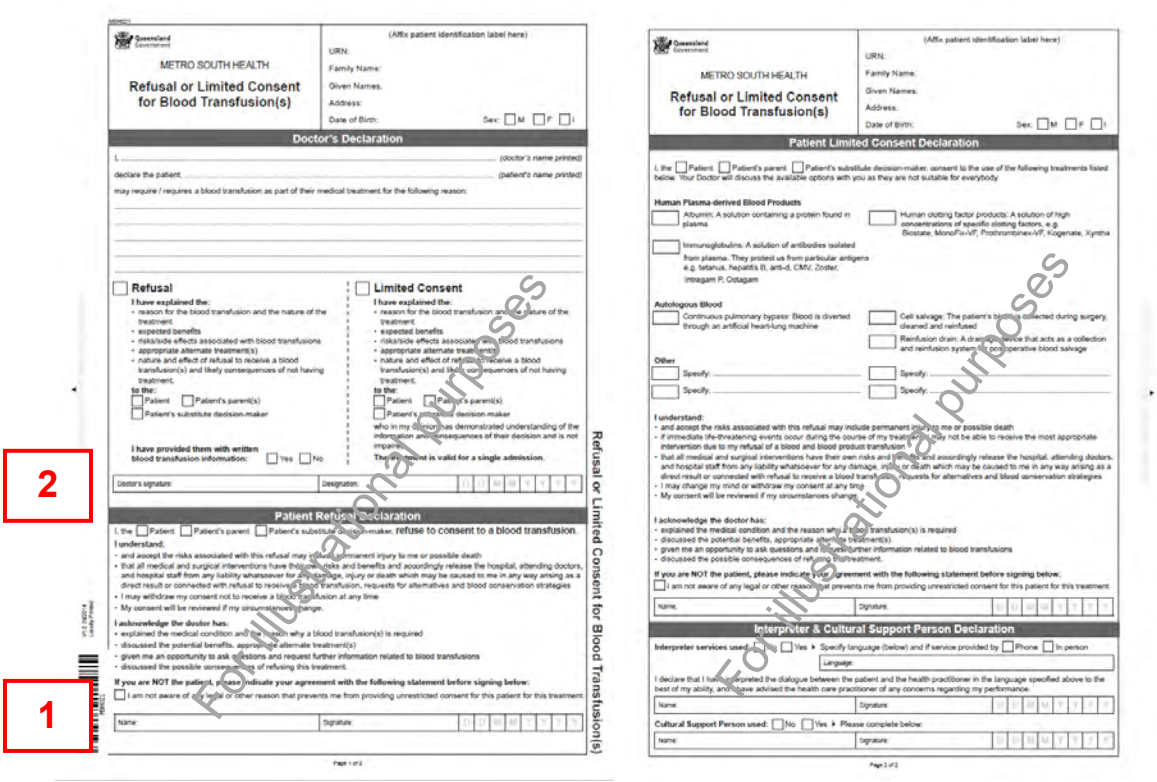
Some facilities may have a refusal form for patients who decline ALL transfusion or specified blood or blood products. Question 22.2 in the patient audit tool require documented evidence on the refusal form, if the facility uses one.

Refusal form – Metro South Health

Question 22.2 (Declined ALL or Specified Blood or Blood Products)

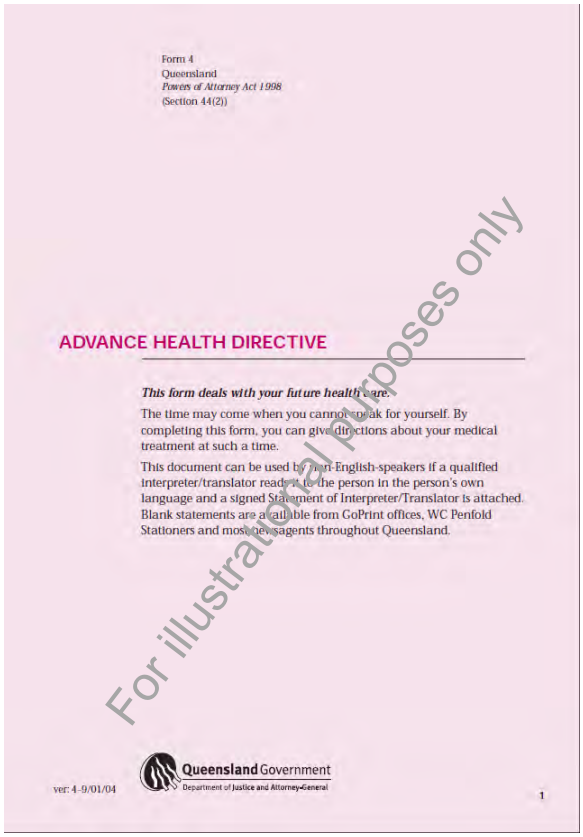
If yes to 22.1, is there evidence that the:

1. patient's/substitute's name, signature and date is complete?
2. doctor's/delegate's name, designation, signature and date is complete?



7. Advance Health Directive (AHD)

Where there is evidence that the patient has provided their wishes for blood and blood products transfusion on an AHD, Question 7.1 requires the AHD to be checked for inclusion of information about blood management, as well as checking for an alert in the medical record.



Form 4
Queensland
Powers of Attorney Act 1998
(Section 44(2))

ADVANCE HEALTH DIRECTIVE

This form deals with your future health care.

The time may come when you cannot speak for yourself. By completing this form, you can give directions about your medical treatment at such a time.

This document can be used by non-English-speakers if a qualified interpreter/translator reads it to the person in the person's own language and a signed Statement of Interpreter/Translator is attached. Blank statements are available from GoPrint offices, WC Penfold Stationers and most legal agents throughout Queensland.

Queensland Government
Department of Justice and Attorney-General

ver: 4–9/01/04

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Further information can be found at:

- Australian Commission on Safety and Quality in Health Care Website: https://www.safetyandquality.gov.au/
- Queensland Health staff can access information on the Queensland Blood Management via the Queensland Health intranet.
- Australian Red Cross Blood Service: http://www.donateblood.com.au/
- BloodSafe eLearning Australia: https://www.bloodsafelearning.org.au/
- Australian Red Cross Blood Service, Transfusion Resource, Flippin' Blood - A BloodSafe flip chart to help make transfusion straightforward: http://resources.transfusion.com.au/cdm/singleitem/collection/p16691coll1/id/20/rec/1

We recognise and appreciate that there may be gaps in the scope and questions included in these tools, however, as the audit tools are a constant **'Work in Progress'**, future versions will build upon the existing scope and questions, and incorporate staff feedback and suggestions for improvement.

Patient Safety and Quality Improvement Service, Clinical Excellence Queensland, welcomes feedback on the audit tools and the measurement plans, to ensure the tools meet the needs of Queensland Health facilities. We appreciate any feedback you can provide for the next version.

Please email Patient Safety and Quality Improvement Service on mars@health.qld.gov.au for feedback or comments.