**Appendix 2**

**Document for Obstetric Patients Who Refuse Consent for Blood and Blood Product Administration, Including Jehovah’s Witnesses**

Patient addressograph Label

This form must only be used for the refusal of blood products by adults, who have capacity to consent or refuse treatment.

**To be completed by the patient**

(Please read carefully before completing and signing this form, and ask any questions you may have of the healthcare professional reviewing the form with you)

Please clearly tick where applicable:-

|  |  |
| --- | --- |
|  | I am a Jehovah’s Witness |
|  | I carry a Health Care Advance Directive. I have discussed this with the health care professional completing the Blood Product Refusal Form with me |
|  | I have chosen to refuse blood product transfusion or products, but am not a Jehovah’s Witness |

Please sign and date in the appropriate box below (I will accept/ I will not accept for each product listed). If you have any questions please ask your doctor or midwife

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  **Product** | **Stock** | **Derived from human blood** | **I will Accept** | **I will NOT accept** |
| **Anti D****(Immunoglobulin)**Rhesus disease can largely be prevented by having an injection of a medication called anti-D immunoglobulin. This can help to avoid a process known as sensitisation, which is when a woman with RhD negative blood is exposed to RhD positive blood and develops an immune response to it.This can also affect future pregnancies. | YES | YES |  |  |
| **Blood (packed Red Cells)** This is human blood with most of the cells (white blood cells, platelets, clotting factors) removed and a nutritive solution added.Red blood cells carry oxygen around your body. A transfusion can be lifesaving. | YES | YES |  |  |
| **Cryoprecipitate**This is part of the human blood which is separated from the red blood cells and contains clotting factors. It can help significantly to control bleeding and can therefore be lifesaving.This is a | YES | YES |  |  |
| **Cell Salvaged Blood**When surgery creates bleeding, this blood can be sucked up from the surgical site, washed and transfused back to the patient through a vein. The blood is yours and does not leave the room. A continuous connection (though not a complete, blood filled circuit) between yourself and the suction machine can be attempted in a planned procedure, but not be guaranteed in an emergency | YES | N/A |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| EP**Product** | **Stock** | **Derived from human blood** | **I will Accept** | **I will NOT accept** |
| **Erythropoietin (EPO)**Is a glycoprotein hormone that controls erythropoiesis, or red blood cell production | YES | NO |  |  |
| **Factor V111 (Voncento)**For prophylaxis and treatment of haemorrhage or surgical bleeding in patients with Von Willibrand Disease | YES | NO |  |  |
| **Factor V11A****NovoSev (Novoseven)**Indicated for the treatment of bleeding episodes and for the prevention of bleeding in those undergoing surgery or invasive procedures | YES | NO |  |  |
| **Factor V111 (Advate)**Antihaemophilic factor indicated for adults and children with Haemophilia A | YES | NO |  |  |
| **Factor V1111 (Benefix)**Antihaemophilic factor for adults and children with Haemophilia B | YES | NO |  |  |
| **Fresh Frozen Plasma**refers to the liquid portion of human blood that has been frozen and preserved after a blood donation and will be used for blood transfusion. | YES | YES |  |  |
| gRAN**Granulocytes**Neutrophils- Granulocyte transfusions can be used as supportive therapy in patients with life-threatening neutropenia caused by bone marrow failure or in patients with neutrophil dysfunction. | NO (To Order) | YES |  |  |
| **Product** | **Stock** | **Derived from human blood** | **I will Accept** | **I will NOT accept** |
| **Human Albumin Solution**Albumin is found in blood. It is taken from whole blood and is given to patients with a low albumin | YES | YES |  |  |
| OCTo  **Octaplas** Human Plasma Proteins Human  | YES | YES |  |  |
| **Other Immunoglobulins**Manufactured from large pools of donor plasmaExamples:- **Tetanus****Hepatitis B****Rabies** | YES | YES |  |  |
| **Platelets** Small colourless disc-shaped cell fragments without a nucleus, found in large numbers in blood and involved in clotting. | NO (To Order) | YES |  |  |
| **Prothrombin Complex Concentrate****(Octaplex)**Clotting factors that are taken from human plasma and processed into a powder for storage. | YES | YES |  |  |

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**Patient’s declaration**

I confirm that I have been informed about the available alternatives to blood/blood product transfusion and/or blood conservation methods, if applicable to the clinical situation, including their effectiveness and the risks. I understand the information I have been given.

I withhold my consent to the blood-related options indicated above in relation to all operations, investigations or treatment I may undergo until I withdraw my refusal either by completing the box at the end of the form, or by expressing this wish verbally to a health care professional. The implications of this have been explained to me and I understand them.

My refusal of blood and any blood components stated above will remain in force even if I become unconscious and /or affected by medication, or any condition rendering me incapable of expressing my wishes and consent to treatment options.

I intend to refuse blood and blood cproducts stated above even if the clinician/s treating me consider them **necessary to save my life**.

I understand and accept that by refusing the products as signed above, I risk **serious long term injury and death** that might be avoided by the administration of blood and/or blood products.

I intend to refuse blood and blood products stated above even if the clinician/s treating me consider them **necessary to save my life**.

I understand and accept that by refusing the products as signed above, I risk **serious long term injury and death to my baby** that might be avoided by the administration of blood and/or blood products.

I fully understand the implications of my position and the implications for my baby, regarding blood / blood component transfusion and am exercising my own choice, free from any external influence.

Signature of patient: …………………………………………….. Date: ……………………..

Name (print): …………………………………….

**To be completed by Health Care Professional**

I confirm that I am a health care professional with sufficient knowledge about the issue and implications of consent to blood products to properly inform the patient about the matters contained in this form. A full note of the discussions with the patient has been made in their medical records, clearly giving a date and time of the explanation, including details of the person giving it.

I confirm that I have considered the patient’s capacity and I am satisfied that they have the capacity to refuse blood and any blood components.

I have confirmed with the patient that they have no further questions and that they understand the implications of signing this refusal form to their life, and to the life of their baby.

Signature of Health Care Professional: ……………………………… Date: ………………

Name and Title (print): …………………………………………………….

If the patient later decides to withdraw refusal and decides to accept blood and/or blood component transfusion, the following section must be completed:

Patient signature (unless oral consent given)…………………………………………………

Date …………………

Signature of Health Care Professional: ……………………………… Date: …………………

Name and Title (print):…………………………………..