

Referral form for all patients who decline treatment using blood components

Instructions-

- Fill in all sections
- Complete as early as possible - aim for a minimum of 3 months prior to surgery to assist co-ordination of your patients care.

- Make two photocopies; send a copy to - Blood Transfusion Nurse

- Give one copy to the patient/parent
- Attach original to the medical notes

	Date/Comment
First Name	
Surname	
Hospital Number	
Date of Birth	
Patient's contact number	
Diagnosis & expected surgery	
Date of Surgery	
Surgeon	
Anaesthetist	
Bloods taken for? FBC INR/APPT U & E's Ferritin B12 & Folate	

Signature of Patient/parent/legal guardian

.....Date.....

Signature of Clinician

.....Date.....

Printed Name of Clinician.....

Position.....Contact/ bleep number.....

Pre-operative checklist for all patients who decline treatment using blood components

Instructions-

- This checklist is to be completed by the admitting Doctor/Transfusion Nurse in consultation with the patient/parent/guardian and is to be retained in the patient's notes, clipped to their 'Advance Directive' *.
- Consent to a procedure without the use of blood or blood products requires three documents:
 - (1) The standard consent form, signed and completed as usual and with reference to withholding consent for blood/blood products clearly identified on page 3 NHS Consent form.
 - (2) The 'Health Care Advance Directive'* or complete a comparable form (Top half of JW form pertaining to Blood).
 - (3) This checklist

First Name -----

Surname-----

Hospital Number-----

Date of Birth-----

Patient Location (ward/ home Address)-----

----- Contact Number -----

Treatment Plan

I the above, named patient/parent/guardian agree with the following treatment plan, before, during and after the operation.

Treatment	Accept?		Comment
Red Cells	Yes	No	
Fresh Frozen Plasma (FFP)	Yes	No	
Platelets	Yes	No	
Autologous Pre donation	Yes	No	
Cryoprecipitate	Yes	No	
Human Albumin Solution	Yes	No	
Non recombinant clotting factors	Yes	No	
Gelofusin	Yes	No	
Recombinant clotting Factors	Yes	No	
Erythropoietin (EPO)	Yes	No	
Acute Normovolaemic Haemodilution	Yes	No	

Intra- operative Cell Salvage	Yes	No	
Other- Enter Description	Yes	No	
Is your patient taking			
Warfarin, Asprin, or Clopidigrel?	Yes	No	
Date to Stop?			
Have you Informed?			Date/Comment
Transfusion Nurse	Yes	No	
Consultant Haematologist	Yes	No	
Blood Bank	Yes	No	
Consultant Anaesthetist	Yes	No	
Chief Perfusionist	Yes	No	
Theatre Scheduler	Yes	No	
Phlebotomy manager	Yes	No	
Other (enter name)	Yes	No	

General Advice Notes

Signature of Patient/parent/guardian

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Date.....

Signature of Clinician

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Date.....

Printed Name of Clinician.....

Position..... Contact/ bleep number.....

* Advanced directives can be obtained through Clinical Risk office/Transfusion Nurse or JW Hospital Liaison Committee Tel 020 8906 2211 (24hrs)