Transfusion Consent Form and Process
In the near future there will be a new, single and accurate Transfusion Consent form. This new consent form will not be part of the surgical/procedure consent forms. As a result the transfusion consent will be valid for an entire admission, not just the immediate post operative/procedure period. If transfusion is expected in the surgery/procedure, parents will be required to sign both the transfusion and surgical/procedure consent forms. For outpatients, a consent form will be valid for one year. Please note the risks and benefits of transfusions and its alternatives must be explained to the family by a physician or a provider approved to order blood and the provider must sign the consent to verify this. However, the physician/provider does not need to witness the parent signature; it can be witnessed by another person. The new consent will be scanned into Cerner for reference.

CMH Only Accepts Male Directed Donors of Blood to Minimize TRALI
In the new consent you will see the following statement of the CMH policy (which has been in place for a while), “we only accept male directed donors.” This policy is to minimize the potential for Transfusion Related Acute Lung Injury (TRALI). This reaction consists of acute hypoxia associated with bilateral lung infiltrates within 6 hours of transfusion. It is a diagnosis of exclusion in what is frequently a very complex patient. It is most commonly associated with plasma and platelets from female donors but can occur with any blood product from both male and female donors. It is commonly associated with antibodies in the blood product to HLA and/or neutrophil antigens of the blood recipient. The national standard is to use only male plasma and in the near future female platelet donors will be tested for the relevant antibodies. Since directed donor blood is no safer than volunteer donor blood we instituted the policy of only male directed donors.

Requirement for Two Blood Types Drawn at Two Different Times
We are preparing to initiate process changes needed to meet the new regulatory requirements. We will need to have completed two blood types using two specimens drawn at different times on all patients for whom we do not have a transfusion history prior to issuing type specific blood. Regulatory requirements only apply to the ABO type. Therefore patients who are type O or who will receive only type O blood do not technically need to be retyped. However, we will apply this requirement, in perhaps a modified way, to Rh also for patients who are Rh positive. The laboratory may use any specimen in the lab for this confirmatory test. However, meeting this requirement without delay of issuing blood products will require collaboration with the clinical areas, particularly surgery, anesthesia, ICN, PICU, ED and hematology.

Other Changes Coming in the Future

Transfusion Administration Form: A patient evaluation one hour after completion of the transfusion will be added.

Transfusion Reactions: Classifications of Transfusion Reactions have been changed to correlate with The National Healthcare Safety Network to facilitate CMH reporting to this program.