

**NEW YORK STATE
COUNCIL ON HUMAN BLOOD AND TRANSFUSION SERVICES
BLOOD SERVICES COMMITTEE**

Recommendations for Consent for Transfusion

It is recommended that for non-emergency transfusions: a) the physician discuss with the patient the risks, benefits, and available alternatives (*e.g.*, no transfusion, hematinics, intra-operative blood recovery) as clinically appropriate; b) the discussion be entered in the clinical record (as a consent form, part of a consent form, or a physician's note) and this entry indicate that permission was (or was not) given; c) once such permission is given it may obtain for that hospitalization or intended duration of treatment, per hospital policy; d) in the case of chronic transfusion therapy, the entry specify whether consent was given for such chronic therapy, per hospital policy; and e) whenever possible or medically appropriate, the physician advise the patient of the option of pre-depositing his/her blood for use during his/her planned surgical procedure.

It is suggested that each blood bank director discuss the subject of transfusion consent with the hospital's Transfusion Committee.

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