

KATHARINE HOUSE HOSPICE

PROCEDURE FOR OBTAINING PATIENT CONSENT FOR CLINICAL PROCEDURES

Approved by:

Date of approval:

Originator: Medical Director

PROCEDURAL AREA

Treatment and care.

RELATED POLICY

Mental capacity policy.

STATEMENT

We live in a culture that values and protects the rights and freedoms of individuals but, in any civilised society, personal rights and freedoms are subject to some limitation in order to protect the rights and freedoms of others and of society as a whole.

Recent publications from the government and the NHS have stressed the importance of patient choice in their health care, but that choice is clearly limited to the options available to them.

It is essential that all the care that patients receive is performed with their full consent, when they have the capacity to provide it. Absence of such consent in a patient capable of granting it leaves the carer potentially liable for battery.

When a patient lacks capacity to provide consent, they must receive the care that is considered to be in their best interests and which is also considered to be most compatible with what one believes their wishes would have been had they still had the capacity to express their wishes at that time. Guidance on how to decide what to do for a patient who lacks mental capacity can be found in the following related documents

- Mental Capacity Policy
- Procedure for clinical decision making

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PROCEDURE

- 1 The clinical team have a duty to provide sound clinical opinions and appropriate clinical care. If necessary, they also have a duty to help the patient obtain a second clinical opinion. If a patient requests or demands a specific treatment, there is no absolute obligation for the clinical team to provide it if they do not consider it clinically appropriate. However, it is possible that many such requests will be appropriate in a culture of patient-centred care.
- 2 The right of a patient to make an informed decision is protected by law, and no treatment or care should be provided without the consent of the patient or the appropriate alternative approval in the case of patients who lack the capacity to provide consent.
- 3 When obtaining informed consent, information given to the patients must be in line with the guidance of the General Medical Council, which states:
 - “Patients must be given sufficient information in a way that they can understand, in order to enable them to exercise their rights to make informed decisions about their care.”
- 4 The Medical Protection Society has expanded upon this advice as follows:
 - “Recent high profile medical cases in the courts have emphasised the need to inform patients of serious risks even though they are deemed to be rare. In the case of blood transfusion, it would be reasonable to explain the risks of transmissible diseases such as HIV or Hepatitis C, even though the risks are small.”
 - “There is as yet no accepted appropriate cut off for the level of risks that doctors should routinely advise their patients about.”
 - “The amount of information concerning risks nowadays is guided more by what a reasonable patient needs to know rather than what a reasonable doctor chooses to inform his patient.”
 - “It would not be wise to withhold information necessary for decision making even if you judge that the patient would be upset or decide to refuse treatment.”
 - “The emphasis in the law nowadays is on the patient’s right to know and that no one may make decisions for a competent adult.”
- 5 Verbal informed consent to treatment after a documented consultation satisfies legal requirements for consent to medical treatment and, for the majority of basic care and treatment, such verbal agreement between the patient with capacity and the carer suffices. In practice, it would be completely impractical to document every case of such verbal consent, although many instances will be documented in care plans and clinical continuation notes. Nonetheless,

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verbal consent must always be documented in the clinical notes for procedures such as:

- Urinary catheterisation.
- Manual disimpaction of faeces.
- Infrequent vitamin or hormone injections.

- 6 On occasions, it may be deemed necessary to obtain written consent from a patient, typically for procedures that carry risk that it is considered important to demonstrate that the patient was made aware of, or when different treatment options were available to the patient. Such written consent should be documented on a hospice consent form. This might be particularly pertinent for:

- Clinical procedures that require cutting of the skin with a blade.
- Clinical procedures that carry a significant risk of serious complication (e.g. infection, visceral perforation, pneumothorax)
- Clinical procedures that carry a significant risk of death.

- 7 Procedures requiring written consent are infrequent in specialist palliative care, but they might include:

- Excision or biopsy of a skin lesion.
- Ascitic tap.
- Pleural tap.
- Blood transfusion.
- Any other procedure for which the clinician thinks a consent form might be prudent

- 8 The hospice advises that it is best to obtain written consent for a clinical procedure whenever the issue of its appropriateness even becomes a consideration.

- 9 Whenever a written consent form is considered appropriate then it should include the following:

- Name of the procedure
- A description of the procedure in lay terms.
- A summary of potential complications, ideally with an estimate of the likelihood of them arising. Complications in the following categories should be included:
 - i. Common complications.
 - ii. Potentially serious complications, including those that might change the patient's subsequent lifestyle, even if rare.
 - iii. Potentially fatal complications, even if rare.
 - iv. Any other complications that the patient might attach particular significance to.
- A disclaimer that the cited list of complications might not be exhaustive, and an invitation for the patient to ask a doctor about any concerns whatsoever they might have regarding the procedure.

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- 10 Pro forma consent forms have been generated for ascitic tap, pleural tap, blood transfusion and pamidronate infusion. Consent forms for other procedures must be drawn up on the hospice's generic consent form. All these consent forms are stored on the hospice computer server from where they can be printed off.
- 11 All consent forms must be issued and signed in duplicate, one copy being for the hospice and the other for the patient.
- 12 The hospice copy of the completed consent forms must be stored on the back spine in the medical section of the clinical notes and must continue to be stored until such time as it is appropriate to destroy the clinical notes in their entirety in accordance with the hospice policy on the storage and destruction of clinical records.
- 13 Whenever a patient is found to lack the capacity to make an informed decision regarding whether or not to accept a clinical procedure, this lack of mental capacity must be documented as described in the "Procedure for Documentation of Mental Capacity" and an appropriate proxy decision must be made as described in the "Procedure for clinical decision making for patients who lack mental capacity".

References

Seeking patients' consent: the ethical considerations. General Medical Council. November 1998.

<http://www.gmc-uk.org/guidance/library/consent.asp>

Letter to Katharine House Hospice from the Medical Protection Society, regarding what risks to advise patients about when obtaining informed consent. 15 November 2004.

English consent law FAQ

Department of Health, August 2001

<http://www.dh.gov.uk/assetRoot/04/01/91/86/04019186.pdf>

Reference Guide to Consent for Examination or Treatment 2001

Department of Health, 2001

<http://www.dh.gov.uk/assetRoot/04/01/90/79/04019079.pdf>

Seeking consent: working with older people.

Department of Health, November 2001

<http://www.dh.gov.uk/assetRoot/04/06/70/20/04067020.pdf>

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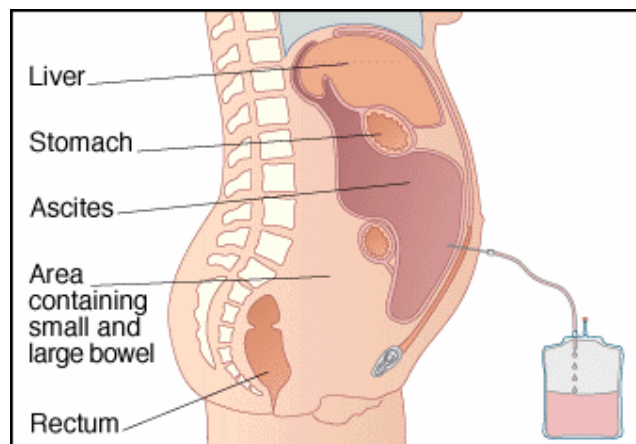
Katharine House Hospice Consent Form for Ascitic Tap

What is an ascitic tap and why is it performed?

Ascites is an excessive accumulation of fluid within the abdominal cavity. This fluid can cause unpleasant symptoms including:

- Discomfort
- Breathlessness
- Vomiting
- Constipation

Ascitic tap is the procedure used to drain off some of this fluid in attempt to alleviate these symptoms. A local anaesthetic injection is used to numb the skin when the drainage tube is inserted. The drainage tube and bag is typically left in for about 24 to 48 hours. On very rare occasions we send a sample of the fluid to a laboratory for analysis, but only after discussion with the patient.



Fluid removed by ascitic tap inevitably re-accumulates, so there is sometimes a need to repeat this procedure every few weeks.

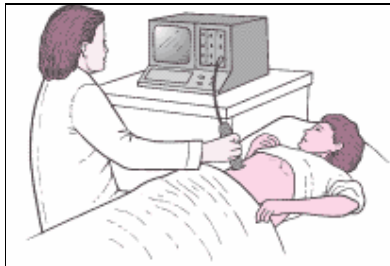
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Precautions

- Not all distended abdomens are due to ascites.
- Sometimes the abdominal contents get stuck together in unusual ways.
- Sometimes ascitic fluid is segmented into multiple small collections.
- The procedure can be technically more difficult in the overweight.

If we have concerns about the nature of your abdominal swelling, we will arrange for you to have an ultrasound examination first to establish what is going on. The ultrasonographer might also mark a spot on your abdomen where the drainage tube should be inserted for the best results.



Furthermore, we will not perform an ascitic tap if we are concerned that you have an obvious bleeding problem; if you are presently taking medicine that thins your blood; or if the results of any blood tests we have considered it necessary to take are causing us concern (e.g. INR >2 or platelet count <20).

We will not perform an ascitic tap if your bladder is very large; if your abdominal skin is infected or if you are feverish, and we will avoid inserting the drainage tube near any scars or distended veins.

Possible Complications

The most important complications to be aware of are:

Minor complications:

- Sometimes we fail to access the ascitic fluid.
- The drainage site sometimes leaks after the drainage tube is removed. This typically settles after a day or two, but sometimes we need to place a drainage bag over the site to contain the leak. On rare occasions we might try to close the leak with a single stitch.
- There can be infection or bruising at the drainage site.

Serious complications:

- You can feel weak and unwell if too much fluid is removed too rapidly. This can be accompanied by a fall in blood pressure and chemical imbalances in your blood. The removal of too much fluid can lead to internal bleeding. To minimise the risk of this happening, we typically clamp the tube temporarily after the first couple of hour's drainage.
- There is a risk that the drainage tube can damage internal organs when it is inserted, leading to serious bleeding or perforation.

The risk of a minor complication or a serious complication is less than 1% each. (*Archives of Internal Medicine* 1986;146:2259-61.)

Alternative treatments

Sometimes ascites can be reduced (but not totally eliminated) using medicines called diuretics that encourage the creation of more urine. In rare instances, a "shunt" can be used

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to divert ascitic fluid directly into the bloodstream.

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Name of Patient: _____

Name of Procedure: ASCITIC TAP _____

To be signed by the doctor obtaining the informed consent

I have provided the patient with written and verbal information regarding the procedure of ascitic tap, and have answered all their questions.

Ascitic fluid will be sent to a laboratory for analysis. **YES / NO**

Signed: _____

Date: _____

To be signed by the patient

I understand the nature of the procedure, the intended benefits and the possible complications. I have also been advised about possible alternative therapies.

I understand that the procedure will be performed by a member of the medical team at Katharine House Hospice, with or without nursing assistance.

I have had an opportunity to ask questions about the procedure and its potential risks, and I am satisfied with the answers I have been given. I am aware that I am welcome to ask further questions, and that I can withdraw my consent at any time.

If a serious complication does occur, I **do / do not** want the medical team to take whatever immediate action they consider appropriate to try and correct the problem. (Delete as appropriate)

I **will /will not** accept the presence of a professional observer at the time the procedure is performed, for educational or quality control purposes. (Delete as appropriate)

I hereby provide informed consent for the procedure of ascitic tap.

Signed: _____

Date: _____

(A witness can sign the consent form on the patient's behalf if the patient is unable to sign)

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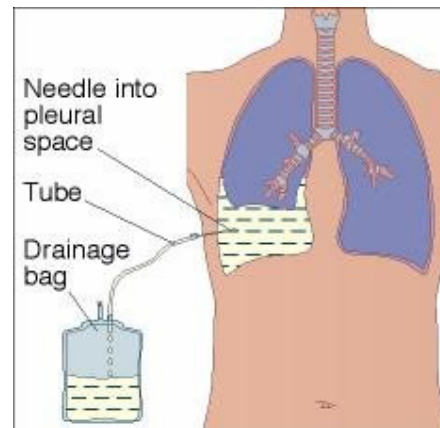
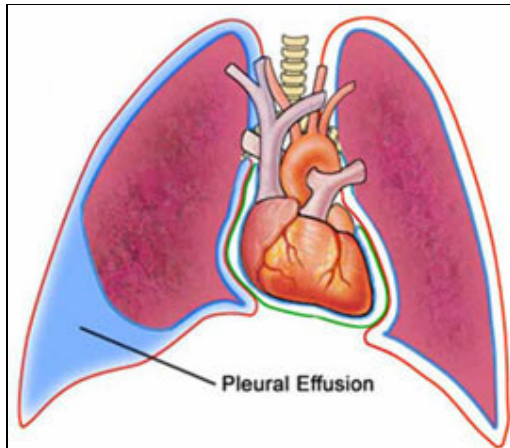
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Katharine House Hospice Consent Form for Pleural Tap

What is a pleural tap and why is it performed?

A pleural effusion is an excessive accumulation of fluid within the chest cavity, in the space between the lungs and the chest wall. This fluid can cause unpleasant symptoms, most notably:

- Breathlessness



Pleural tap is the procedure used to drain off some of this fluid in an attempt to alleviate symptoms. Whilst you are in a sitting position, a local anaesthetic injection is used to numb the skin where the drainage needle is inserted. Whilst some people allow the fluid to drain out naturally into a bottle or bag over 24 to 48 hours, we prefer to use a large syringe and a three-way tap to speed up the drainage process. This allows us to remove the needle after a few minutes. We believe this greatly reduces the risk of complications. On very rare occasions we send a sample of the fluid to a laboratory for analysis, but only after discussion with the patient.

Fluid removed by pleural tap inevitably re-accumulates, so there is sometimes a need to repeat this procedure every few weeks. Some doctors try to prevent fluid re-accumulation by inserting a substance into the pleural space with the intention of sticking the lung surface to the chest wall. This procedure is known as pleurodesis, but it is often only partially successful. Subsequent pleural taps are then harder to perform. We do not perform pleurodesis at Katharine House Hospice.

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Precautions

- Not all breathlessness is due to pleural effusions.
- Pleural effusions can co-exist with other important problems in the chest cavity, and it is important to distinguish between these.
- Sometimes a pleural effusion can be segmented into multiple small collections, particularly after a pleurodesis.

If we need to clarify the nature of your chest problem, we will arrange for you to have a chest x-ray and possibly an ultrasound examination before we decide what to do. When this happens, a doctor at the x-ray department might mark a spot on your chest wall where the drainage needle should be inserted for the best results.



Furthermore, we will not perform a pleural tap if we are concerned that you have an obvious bleeding problem; if you are presently taking medicine that thins your blood; or if the results of any blood tests we have considered it necessary to take are causing us concern (e.g. INR >2 or platelet count <20).

We will not perform a pleural tap if we think the necessary insertion point is too close to one of your vital organs or any old scars; if your skin is infected at the desired insertion point or if we consider you too unwell to tolerate the procedure.

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Possible complications

The most important complications to be aware of are:

Rare minor complications

- Failure to find fluid
- Pain at the drainage site
- Bruising or local infection of the skin at the drainage site
- Leaking of fluid from the drainage site

Rare major complications

- Insertion of the drainage needle into a vital organ.
- Temporary faintness due to low blood pressure during the procedure.
- Congestion of the lungs if too much fluid is removed from the chest cavity too quickly.
- Blood or infection in the space where the fluid was.
- Subsequent tumour deposit at the drainage site (most commonly associated with mesotheliomas)

Fairly common complications of significance

- Breathlessness or cough can arise during the procedure. It is probably due to the drainage tube rubbing against the lungs and is therefore indicative that sufficient fluid has been removed. It settles when the tube is removed.
- Air can leak into the space where the fluid was in up to 10% cases. This normally goes unnoticed by the patient, but it can cause breathlessness that does not settle when the tube is removed. It typically resolves itself, but in some cases another drain is inserted to suck it out.

Alternative treatments

There are no alternative treatments for removing excessive fluid from the pleural space. Sometimes a pleural tap is followed by pleurodesis in an attempt to reduce the risk of a pleural effusion re-accumulating, but this is often unsuccessful. It is not offered at Katharine House Hospice.

If you would like to pursue the option of a pleurodesis then we will refer you to a hospital that can provide this service. It will be necessary for them to perform the pleural tap too.

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Name of Patient: _____

Name of Procedure: PLEURAL TAP

To be signed by the doctor obtaining the informed consent

I have provided the patient with written and verbal information regarding the procedure of pleural tap, and have answered all their questions.

Pleural fluid will be sent to a laboratory for analysis. **YES / NO**

Signed: _____

Date: _____

To be signed by the patient

I understand the nature of the procedure, the intended benefits and the possible complications. I have also been advised there is no alternative treatment for the removal of a pleural effusion, although some units might offer a pleurodesis in an attempt to reduce the risk of re-accumulation of fluid. I have been offered the opportunity of referral to a hospital unit that can provide this service, but have decided to proceed with a pleural tap at the hospice.

I understand that the procedure will be performed by a member of the medical team at Katharine House Hospice, with or without nursing assistance.

I have had an opportunity to ask questions about the procedure and its potential risks, and I am satisfied with the answers I have been given. I am aware that I am welcome to ask further questions, and that I can withdraw my consent at any time.

If a serious complication does occur, I **do / do not** want the medical team to take whatever immediate action they consider appropriate to try and correct the problem. (Delete as appropriate)

I **will /will not** accept the presence of a professional observer at the time the procedure is performed, for educational or quality control purposes. (Delete as appropriate)

I hereby provide informed consent for the procedure of Pleural Tap.

Signed: _____

Date: _____

(A witness can sign the consent form on the patient's behalf if the patient is unable to sign)

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Katharine House Hospice Consent Form for Pamidronate Infusion

What is a pamidronate infusion and why is it performed?

Bones contain a lot of calcium. Some medical conditions can damage your bones. For example:

- Some cancers can cause calcium to leak out from bones into the bloodstream. This leads to a condition called “hypercalcaemia”, the symptoms of which can include:
 - Constipation
 - Thirst and increased urination
 - Diminished appetite
 - Confusion and drowsiness
 - Nausea and vomiting
 - Increasing generalised pain
- Some cancers can grow in bone and have the potential to cause bony pain.
- Paget’s Disease of the bone is another disease that can cause bony damage and bony pain.

Pamidronate binds to bony surfaces where it can remain bound for months or even years. It changes bone activity at a molecular level to counteract the bony damage, calcium leakage and bony pain described above. It is given by slow intravenous infusion. Blood calcium levels fall significantly within 24-48 hours and return to normal within 3 to 7 days. Most symptoms improve at a similar rate, but pain can be a bit slower to improve.

The appropriate dose depends upon the condition being treated. If there is a good response to a pamidronate infusion for cancer-related problems, it can be repeated several weeks later if symptoms return. However, the beneficial effects can diminish with repeated use.

Cautions

Pamidronate is known as a bisphosphonate. It must not be combined with other bisphosphonates, some of which are taken regularly as tablets. We do not give pamidronate infusions to people who have reacted badly to pamidronate or any other bisphosphonate in the past.

In order to reduce the risk of a reaction at the site of the infusion, a relatively large vein is chosen when available. There is a small risk that people with serious heart disease can develop fluid congestion of the lungs, so we monitor them to prevent this. Patient who receive regular pamidronate

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infusions require periodic blood tests to ensure their kidney function remains satisfactory.

It is strongly recommended that you:

- Do not have any dental work near the time of a pamidronate infusion.
- Advise us if you have recently had dental work.
- Advise your dentist of any pamidronate infusions you have had when you next see them.

This is to minimise the small risk of osteonecrosis of the jaw (See “Complications”).

Possible Complications

The most important complications to be aware of are:

Minor complications

- Brief influenza-like symptoms can occur following its administration, but the risk of these are reduced if weak concentrations of pamidronate are administered slowly. The prevalence of this at Katharine House is probably about 1%.
- People occasionally complain of confusion, dizziness, lethargy and sleep disturbances following its administration. Some people report a temporary increase in bone pain for 2-3 days before it subsides. Other short-term side effects include eye redness, blurred vision, skin rash, bowel upsets and minor impairment of blood clotting.
- Pamidronate rarely causes or exacerbates liver or kidney problems, but this is easily checked with a blood test if necessary. It can also cause the blood calcium level to temporarily drop too low.

Serious complications

- Osteonecrosis (literally “bone death”) of the jaw is a serious but rare complication that can occur with any of the bisphosphonates. Since the first bisphosphonates were marketed in the UK in 1992, the Commission on Human Medicines has received 62 reports of osteonecrosis of the jaw following bisphosphonate treatment, 9 of which followed the use of intravenous pamidronate (Ref 1). Whilst 10% cases of osteonecrosis of the jaw are completely asymptomatic, it can be a very painful and disfiguring condition. It is not known exactly how it arises, but the following risk factors have been identified (Ref 3):
 - Having a diagnosis of cancer
 - Chemotherapy (present in 75% histories)
 - Corticosteroid use (present in 40% histories)
 - Poor oral hygiene
 - Local jaw infection
 - Having a dental procedure (present in 70% of histories)

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The following precautionary activities have been recommended to reduce the risk further:

- Having a dental examination with appropriate preventive dentistry prior to bisphosphonate treatment if any of the other risk factors listed above are present.
- Avoidance of invasive dental procedures whilst undergoing bisphosphonate treatment.
- If osteonecrosis of the jaw does develop then dental surgery can further exacerbate the condition.

References

1. Anon. Osteonecrosis of the jaw with bisphosphonates. Current Problems in Pharmacovigilance 2006;31:4-5.
2. T Van den Wyngaert, M. T. Huizing, J. B. Vermorken Bisphosphonates and osteonecrosis of the jaw: cause and effect or a *post hoc* fallacy? Ann Oncol 2006; 17:1197-1204.

Alternative treatments

There are no other treatments that work in exactly the same way as bisphosphonates.

Earlier strategies for reducing blood calcium levels were not very successful.

There are various treatments for treating bony pain. These include:

- Standard and specialist pain relieving drugs
- Radiotherapy
- Chemotherapy (certain cancers only)
- Anaesthetic techniques

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Name of Procedure: PAMIDRONATE INFUSION

To be signed by the doctor obtaining the informed consent

I have provided the patient with written and verbal information regarding the procedure of pamidronate infusion, and have answered all their questions.

Signed: _____

Date: _____

To be signed by the patient

I understand the nature of the procedure, the intended benefits and the possible complications.

I have had an opportunity to ask questions about the procedure and its potential risks, and I am satisfied with the answers I have been given. I am aware that I am welcome to ask further questions, and that I can withdraw my consent at any time.

If a serious complication does occur, I **do** / **do not** want the medical team to take whatever immediate action they consider appropriate to try and correct the problem. (Delete as appropriate)

I hereby provide informed consent for the procedure of pamidronate infusion.

Signed: _____

Date: _____

(A witness can sign the consent form on the patient's behalf if the patient is unable to sign)

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Katharine House Hospice Consent Form for Blood Transfusion

What is anaemia and how is it treated?

Oxygen is carried in the blood by a substance called haemoglobin which is found in red blood cells. Anaemia arises when there is insufficient haemoglobin. In our patients, anaemia typically arises when red blood cells are:

- Lost through bleeding.
- Damaged in some way.
- Not made fast enough to replace natural losses.

The symptoms of anaemia include:

- Shortness of breath
- Dizziness
- Fainting
- Worsening angina

It is not always possible to attribute these symptoms to anaemia because so many other conditions can also cause them.

Whenever a person is considered anaemic, it is important to try and discover why so that the underlying cause (e.g. bleeding) can be dealt with if possible. Whilst some cases of anaemia can be treated with supplements of iron or certain vitamins, others require rapid correction with a blood transfusion.

Blood transfusion is the intravenous administration of human blood over a period of several hours. Any benefit is typically evident within the first 24 hours.

There is much medical debate about when blood transfusions are really needed, but many authorities suggest that the haemoglobin level should be 7 or less before it is considered. We will consider giving a blood transfusion if the haemoglobin level is less than 10, but we only repeat transfusions if earlier ones have obviously been successful.

Cautions

Blood for transfusion comes from anonymous donors. It therefore carries two particular risks:

- Your body might recognise it as foreign matter and react to it.
- It could introduce infection into your body.

This is why it is better to treat anaemia with iron and/or vitamins whenever possible.

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However, the Blood Transfusion Service works hard to make sure that the risks associated with blood transfusion are very small indeed. Only healthy volunteer donors are used, and all donated blood is screened for infection. To ensure compatibility, a sample of the proposed blood for transfusion is tested against a sample of the recipients' blood before it is issued for use.

Complications

This non-exhaustive list covers the most important complications to be aware of:

Mild complications

- Some people develop a slight fever, chills or a rash. This is because the blood is recognised as coming from someone else and it does not indicate the presence of an infection. These symptoms respond to paracetamol or a slower rate of transfusion.
- Each person's blood is as unique as themselves. Nobody receives a perfect match with their own blood, and about 1 in 20 recipients develop antibodies to the blood they receive a few months later. This is not serious, but it does mean that extra care must be taken in cross-matching blood if further transfusions are needed in the future.

Serious complications

- Serious blood incompatibilities are potentially life-threatening. The risk of this is absolutely minimal because of the tests that are done before the blood is issued and because of the identity-checking procedure at the bedside before blood is actually transfused. People are also monitored carefully during blood transfusions, and if any problems or concerns arise then the transfusion is stopped.
- Infection
 - Hepatitis B (1 in 900,000 transfusions)
 - HIV (Less than 1 in 2 million transfusions)
 - Hepatitis C (Less than 1 in 30 million transfusions)
 - variant Creutzfeldt-Jakob Disease
(Theoretical risk, no known transmission)

To put these risks into perspective, a number of other risks are presented below. Whilst hepatitis B is the biggest infection risk from blood transfusion, the risk of dying from being run over is 3,000 times greater and of dying from an accident up to 965-times greater.

Lifetime risk of death from being run over:	1-in-300
Risk of an over-75 year old dying from an accident:	1 in 932
Annual risk of death from a road traffic accident:	1 in 6,400
Annual risk of death from food poisoning in the UK:	1 in 108,000
The risk of winning the national lottery (single ticket):	1 in 13,983,816

Alternative and supplementary treatments

Whenever anaemia is diagnosed, it is important to consider the cause in case this can be addressed. For example:

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- If you are bleeding, it might be appropriate to stop certain medicines or to introduce others.
- If you have a shortage of iron or other materials necessary for making new red blood cells, then you might benefit from appropriate supplements.

These actions can be taken alongside a blood transfusion.

It is possible that erythropoietin injections might correct some cases of anaemia but this is not a treatment that is presently offered at the hospice.

Name of Patient: _____

Name of Procedure: BLOOD TRANSFUSION

To be signed by the doctor obtaining the informed consent

I have provided the patient with written and verbal information regarding blood transfusions, and have answered all their questions.

Signed: _____

Date: _____

To be signed by the patient

I understand the nature of the procedure, the intended benefits and the possible complications.

I have had an opportunity to ask questions about the procedure and its potential risks, and I am satisfied with the answers I have been given. I am aware that I am welcome to ask further questions, and that I can withdraw my consent at any time.

If a serious complication does occur, I **do** / **do not** want the medical team to take whatever immediate action they consider appropriate to try and correct the problem. (Delete as appropriate)

I hereby provide informed consent for a blood transfusion.

Signed: _____

Date: _____

(A witness can sign the consent form on the patient's behalf if the patient is unable to sign)

Appendix to Procedure for obtaining patient consent for clinical procedures

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KATHARINE HOUSE HOSPICE

Katharine House Hospice Generic Consent Form

Procedure to be performed

What problem is the procedure designed to address?

What are the benefits of performing this procedure?

Any relevant precautions taken when performing this procedure

Possible Complications

Alternative treatments

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KATHARINE HOUSE HOSPICE

Name of Patient: _____

Name of Procedure: _____

To be signed by the doctor obtaining the informed consent

I have provided the patient with written and verbal information regarding the procedure outlined on this sheet, and have answered all their questions.

Body tissue will be sent to a laboratory for analysis as part of this procedure. **YES / NO**

Signed: _____

Date: _____

To be signed by the patient

I understand the nature of the procedure, the intended benefits and the possible complications. I have also been advised about possible alternative treatments.

I understand that the procedure will be performed by a member of the medical team at Katharine House Hospice.

I have had an opportunity to ask questions about the procedure and its potential risks, and I am satisfied with the answers I have been given. I am aware that I am welcome to ask further questions, and that I can withdraw my consent at any time.

If a serious complication does occur, I **do / do not** want the medical team to take whatever immediate action they consider appropriate to try and correct the problem. (Delete as appropriate)

I **will /will not** accept the presence of a second doctor at the time the procedure is performed, for educational or quality control purposes. (Delete as appropriate)

I hereby provide informed consent for the procedure.

Signed: _____

Date: _____

(A witness can sign the consent form on the patient's behalf if the patient is unable to sign)

Appendix to Procedure for obtaining patient consent for clinical procedures

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