

This policy applies to: <input checked="" type="checkbox"/> <i>Stanford Hospital and Clinics</i> <i>Lucile Packard Children's Hospital</i>	Last Approval Date: August 2008
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I. PURPOSE

To outline the physician's obligation to:

- Provide patients with information about transfusion options prior to medical treatment or surgical procedure for which there is a reasonable possibility that a transfusion may be necessary pursuant to the Paul Gann Act.
- Obtain informed consent for a blood transfusion and/or use of blood products.
- Document any refusal to consent to blood transfusion and/or use of blood products.

II. POLICY STATEMENT

Medical staff members are responsible for informing each patient of the risks, benefits and alternatives for blood transfusions and/or use of blood products, and to provide required written information regarding the options for blood transfusion pursuant to the Paul Gann act.

III. PROCEDURES

- A. Paul Gann Blood Safety Act. Whenever there is a reasonable possibility that a blood transfusion may be necessary for a patient (inpatient or outpatient) as a result of a medical or surgical procedure, the physician who makes the determination that the reasonable possibility exists **MUST** do all of the following:
1. Provide the patient with a copy of the Department of Health Services standardized written summary (*DHS A Patient's Guide to Blood Transfusion*) which informs the patient of the risks and benefits of receiving autologous blood and blood from designated or community blood donors.
 - a. In a life threatening emergency, the Gann Act brochure does not need to be given and the physician should document accordingly on the appropriate consent form.

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2. Allow adequate time before the medical procedure or surgery for autologous or designated blood donation to take place, unless the patient declines, there is a life-threatening emergency or where there are medical contraindications.
 3. Frequency of Providing Patients with Gann Act brochure.
 - a. For inpatients, the Gann Act brochure must be given to patients once per admission.
 - b. For inpatients or outpatients who are undergoing a serial course of treatment which require multiple admissions/treatments and blood transfusions, such as chemotherapy or apheresis treatments, the Gann Act brochure must be given once a year. If the Gann Act brochure is revised by DHS during this period, a new brochure should be given to the patient.
 4. Documentation of Gann Act
 - a. Documentation of Gann Act can be found on either the Consent to Operation, Procedure and Administration of Anesthesia or Consent Blood Transfusions, Blood Products and Gann Act form.
- B. Obtaining Informed Consent for Blood Transfusions and/or Use of Blood Products
1. The Medical Staff bylaws require that physicians obtain informed consent for blood transfusions and/or use of blood products. See *Informed Consent* policy for situations where informed consent is not required, such as in an emergency. Physicians should discuss the risks, benefits and alternatives of blood transfusion and/or use of blood products with patients.
 2. Frequency of Obtaining Consent for Blood Transfusion and/or use of blood products. Informed consent must be obtained:
 - a. Prior to every surgical procedure. The consent will be valid for use of blood transfusions and/or blood products during

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surgery and throughout that hospitalization.

- b. Each admission for non-surgical patients.
 - c. Once per year for outpatients and inpatients undergoing medical procedures that require continued, ongoing transfusions or use of blood products.
 - d. Whenever a patient’s circumstances change such that they materially affect the nature of or the risk of the procedure.
3. Documentation of Informed Consent
- a. Patients sign either the Consent Blood Transfusions form or the relevant consent to operate form.
- C. Patient Refusal to Consent for Blood Transfusion
- 1. Patients may refuse to consent for blood transfusion and/or use of blood products. If a patient refuses to consent for a blood transfusion and/or use of blood products, the patient documents this refusal by signing the Refusal for Blood Transfusion form, or checking the refusal box on the Consent Blood Transfusion form. The discussion with the patient should be documented in the medical record.
 - 2. For minors whose surrogate decision makers are refusing blood transfusion, the physician should consult with Social Work.

IV. RELATED DOCUMENTS

- A. “Informed Consent When Adult Patient Lacks Capacity” in the SHC *Administrative manual*
- B. Legal Guardianship and Consent for Minors policies in the LPCH *Administrative Manual*
- “Interpreter and Language Translation Services” in the SHC and LPCH
- C. *Administrative Manual*
- D. “*Informed Consent*” in the SHC and LPCH *Administrative Manual*

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V. DOCUMENT INFORMATION

- A. Legal Authority/References
 - 1. Joint Commission Hospital Accreditation Manual 2008
 - 2. Health and Safety Code 1645

- B. Author/Original Date
Sheetal Shah, Risk Management, June 2007

- C. Gatekeeper of Original Document
Administrative Manual Coordinators and Editors

- D. Distribution and Training Requirements
 - 1. This policy resides in the Administrative Manuals of both hospitals.
 - 2. New documents or any revised documents will be distributed to Administrative Manual holders. The department/unit/clinic manager will be responsible for communicating this information to the applicable staff.

- E. Review and Renewal Requirements
This policy will be reviewed and/or revised every three years or as required by change of law or practice.

- F. Review and Revision History
Transfusion Committee, LPCH, July 2007
Transfusion Committee, SHC, July 2007
Continuous Quality Improvement Committee, SHC, October 2007
Critical Care Committee, LPCH, September 2007
Operating Room Committee, SHC, September 2007
Operating Room Committee, LPCH, October 2007
Perinatal Committee, LPCH, October 2007

- G. Approvals
Quality Improvement and Patient Safety Committee, SHC
Medical Board, LPCH, November 2007
Quality Improvement and Patient Safety 7/08
Medical Executive Committee 8/08
SHC Board Credentials, Policies and Procedures Committee, 8-08

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