

Blood Transfusion Consent Form

For Obstetric Patients

This form ensures clear communication between healthcare providers and patients regarding the risks and benefits of transfusion during pregnancy or childbirth. It documents informed consent, supporting ethical and safe obstetric care.

Patient Name:

Hospital/Facility:

Medical Record Number:

Date of Birth:

Date & Time of Consent:

Purpose

I have been informed that during my pregnancy/delivery, there may be a need for a blood transfusion due to blood loss or medical complications.

Risks & Benefits

- Benefits: Replacing lost blood, improving oxygen delivery, increasing chances of recovery and survival.
- Risks: Allergic reaction, fever, infection (rare), transfusion-related injury, and potential unknown risks.

Alternatives

Alternatives to blood transfusion (if available and appropriate): IV fluids, iron therapy, medications to stimulate blood production, cell salvage, or declining transfusion.

Patient Statement

I have had the opportunity to ask questions about the procedure and alternatives, and all my questions have been answered to my satisfaction. I understand the risks and benefits associated with blood transfusion.

☐ I consent to receiving blood and blood products as deemed necessary by my healthcare team.

☐ I refuse blood transfusion and accept the risks involved.

Signatures

Patient Signature:

Date:

Witness (Healthcare Provider) Signature:

Date:

This consent form is for sample and educational purposes. Always comply with your institution's policies and regulations.