

Blood Product Education Tool

Background: We recognize that some religious groups believe that accepting blood products, or certain medical practices, may be in conflict with their beliefs. We also recognize that pregnancy and surgery increase the risks of bleeding and may lead to a worse outcome, or death, in the absence of these medical interventions. We respect the rights of our adult patients to use blood products and other practices, or not. We wish to explore and record your wishes regarding management of your pregnancy and/or your surgery.

Prenatal/Pre-operative Care

- Physician consultation - as soon as possible after entering care
- Maintain hematocrit between 33-40%
- Anesthesia consultation in the third trimester and upon admission
- Power of attorney - Identify person who will make decisions for you, if you cannot
- Advanced directives

Refusal of Blood Products (circle which apply)

- Whole blood, packed red blood cells, fresh frozen plasma and platelets yes / no
- Preoperative autologous blood collection and storage for later reinfusion yes / no

Management options you may choose to accept or refuse (circle which apply)

- Blood salvage (hemodilution, cell saver, cardiac bypass, hemodialysis) yes / no
- Blood fractions of plasma or cellular components yes / no
(albumin, immunoglobulins, clotting factors)
- Erythropoietin (contains albumin) yes / no
- Fibrin/Thrombin adhesives yes / no
- RhoGam yes / no
- Epidural blood patch yes / no
- Acute normovolemic hemodilution yes / no
(Blood in a continuous circuit with the patient)

Bloodless Management Strategies

- Blood conservation - Decreased testing, small volume sampling, point of care microtesting)
- Minimizing use of agents with antiplatelet activity
- Meticulous hemostasis during surgery
- Intravenous iron therapy

I, the undersigned, refuse the above noted blood products or interventions. I recognize that refusal of the timely use of blood products may result in a worsened outcome for me and my baby, and may require more involved surgical interventions, including hysterectomy (removal of the uterus). I also accept that I may die as a result of blood loss in the absence of the blood products or the above interventions.

Patient Signature _____

Date _____

Provider Signature _____

Date _____

Witness _____

Date _____

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