Blood transfusion refusal - children

This leaflet explains more about blood transfusion refusal on behalf of children and the St George’s Hospital policy for patients who are admitted to hospital or who are due to have an operation and do not accept blood or blood components. If you have any further questions, please speak to a doctor, nurse or midwife caring for you.

Can anyone refuse a blood transfusion?

Yes. We want to be sure that we treat every patient in a way which recognises their individual choices or religious beliefs.

Our staff respect your wishes to avoid blood transfusions for your child under any circumstances. If you have not already done so, please tell the doctors and nurses looking after your child.

What should I do if I know my child is coming into hospital?

Before your child is admitted to hospital they will usually be invited to attend a pre-operative assessment clinic where they will be seen by a nurse and/or a doctor. You should make your child’s nurse or doctor aware that you request that no blood components or products should be used as part of your child’s treatment. It is very important to tell the hospital staff as soon as possible so they can plan your child’s treatment with this in mind.

The nurse or doctor will then arrange for you to attend a blood refuser meeting (see below) before your child is admitted to St George’s.

What is a blood refuser meeting?

If your child is due to have an operation at St George’s, a meeting will be arranged with the surgeon, anaesthetist and a member of the transfusion team. At this meeting, the risks of bleeding and your wishes about blood transfusion will be written down. Alternatives to blood transfusion will also be discussed. If the treating team decide that the operation will not be possible without a blood transfusion then it might be cancelled.
Your child’s doctor has the right to decide that they are unwilling to perform surgery under these circumstances. In this case you may need to ask for a referral to a surgeon who is known, in principle, to accept patients who do not accept blood or blood products.

If you are one of Jehovah’s Witnesses, the Hospital Liaison Committee (HLC) for Jehovah's Witnesses may be able to help if you need more information (for contact details, see below).

Informed consent

Please read all the information below on blood components and blood products carefully, as it will help you to make an informed choice about which blood products, if any, you will accept for your child. You can ask any questions you have about this information in your blood refuser meeting, where you will also be told the risks of treating your child without using blood components. You will need to decide if you are willing to accept these risks, and your wishes will then be recorded in your child’s hospital notes.

If your child needs urgent or emergency medical care and the doctor decides blood transfusion is necessary, they may be required by law to report your refusal to the local child welfare authorities. You will be told straight away if any such action is planned.

If, as happens on rare occasions, an emergency suddenly arises during your child’s planned treatment, the medical team will still do its best to treat your child without blood. However, if a doctor decides blood is immediately necessary to save your child’s life, UK law permits doctors to transfuse blood without your permission. If blood is given in such an emergency, the medical team and hospital are responsible.

Major blood components (also called major fractions)

Red blood cells give blood its colour and account for just under half of the blood volume. They carry oxygen from the lungs to all the cells in the body. We can measure the amount of red cells in the body by testing something called the haemoglobin concentration. A low haemoglobin concentration means that you are anaemic.

Anaemia can be caused by severe blood loss from injury or surgery. Red blood cell transfusion is one of the treatments for anaemia.

Platelets help blood to form clots and so stop bleeding. Platelets gather at the site of injury to plug the hole.
A platelet transfusion may be used to treat people who have very low levels of platelet cells in their blood, as if you have low levels of platelets you are at risk of excessive bleeding.

**Plasma (FFP)** is the yellow liquid part of blood. It makes up just over half of the blood volume and is mostly made up of water. Plasma carries red blood cells as well as proteins including ones which help blood to clot (clotting factors).

A transfusion of plasma may be needed to replace lost clotting proteins if there is severe bleeding e.g. after surgery, trauma or childbirth.

**Blood products (also called minor fractions)**

**Cryoprecipitate** is a concentrated blood component taken from FFP when it is defrosted. It contains specific proteins which help with clotting.

Cryoprecipitate may be used to replace lost clotting proteins if there is severe bleeding.

**Prothrombin complex concentrate (PCC)** is made from human plasma and contains some of the clotting factors found in FFP. It is often used to reverse the effects of warfarin (a blood thinning drug).

PCC may be used to replace some of the lost clotting proteins if there is severe bleeding after surgery or trauma.

**Albumin** is the main protein of human blood plasma. It is not used if you have an emergency bleed but might be given after massive blood loss to regulate the amount of fluid.

**Immunoglobulins** are antibodies which are sometimes given if your immune system is weak.

**Are there any alternatives to blood transfusion?**

In some situations, alternatives to blood transfusion may be appropriate and will be discussed with you during the blood refuser meeting. Please see the **alternatives to blood transfusion leaflet** for further information.

**Where do I need to go?**

You will be sent information including the place, date and time of the blood refuser meeting.

**Can I change my mind?**

You can change your mind about refusing a blood transfusion for your child at any time. If you do, you must tell staff straight away, so they can
change your child’s treatment plan and record your change of decision in your child’s hospital notes.

**Useful sources of information:**

You may wish to contact a member of the Hospital Liaison Committee (HLC) for Jehovah's Witnesses for support before and/or during the blood refuser meeting.

Contact details are:

Patrick Crawford  
07904 301337  
pcrawford@jw-hlc.org.uk

Timothy Eagles  
07711 273116  
teagles@jw-hlc.org.uk

Evan Lewis  
07816 405226  
elewis@jw-hlc.org.uk

**Contact us**

If you have any questions or concerns about blood transfusion refusal on behalf of a child, please contact the transfusion practitioner team on 020 8725 4652 (Monday to Friday, 8am to 6pm).

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit  
www.stgeorges.nhs.uk
Additional services

Patient Advice and Liaison Service (PALS)
PALS can offer you on-the-spot advice and information when you have comments or concerns about our services or the care you have received. You can visit the PALS office between 9am and 5pm, Monday to Friday in the main corridor between Grosvenor and Lanesborough Wing (near the lift foyer).
Tel: 020 8725 2453  Email: pals@stgeorges.nhs.uk

NHS Choices
NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.
Web: www.nhs.uk

NHS 111
You can call 111 when you need medical help fast but it’s not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.
Tel: 111