

Blood Transfusion Refusal information (Children)

This leaflet explains the St George's policy for patients and their parents/guardians who do not accept blood or blood components and are admitted to hospital or who are due to have an operation. If you have any further questions, please speak to a doctor, nurse or midwife caring for you.

Can anyone refuse a blood transfusion?

St George's respects your wishes to avoid blood transfusions for your child. If you have not done so already, please tell the doctors and nurses looking after your child. They will then be able to discuss with you in further details the next steps.

What should I do if my child is to have a planned admission to hospital?

Before your child is admitted to hospital he/she will usually be invited to attend a pre-operative assessment clinic where he/she will be seen by a nurse and/or a doctor. You should make your child's nurse/doctor aware of your 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.

The nurse/doctor will then arrange for you to attend a blood refuser meeting before your child is admitted.

What if my child has a medical diagnosis that means that they are likely to require a blood transfusion?

Some children develop conditions where they may require a blood transfusion to manage the condition. Examples include sickle cell disease and leukaemia. It is important that you discuss your views regarding transfusions with your child's consultant as soon as possible. They will be able to discuss with you the circumstances where a transfusion may be required, what options there might be to reduce the likelihood of a transfusion or if there are alternatives to transfusion. They will also discuss with you what would happen if your child required a blood transfusion to which you felt unable to agree.

What is a blood refuser meeting?

If your child is due to have a planned operation, a meeting will be arranged with the surgeon, anaesthetist, haematologist and a member of the transfusion team. At this meeting, the risks of bleeding and your wishes about blood transfusion will be documented. Alternatives to blood transfusion will be discussed. If the treating team decides that the operation will not be possible without a blood transfusion then it may be cancelled.

Your child's doctor has the right to decide if he or she is unwilling to perform surgery under these circumstances. In this case you may need to ask for a referral to a paediatric surgeon who is known, in principle, to accept patients who do not accept blood/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.

Informed consent

Please read the information below on blood components and blood products carefully. It will help you to make an informed choice about which blood products (if any) you will accept for your child. Any questions you have about this information can be addressed in the meeting.

During the blood refuser meeting, the risks of treating your child without using blood components will be discussed. You will need to decide if you are willing to accept these risks. Your wishes will be recorded in your child's hospital notes.

If your child needs urgent/emergency medical care and the doctor decides that blood transfusion is necessary, then the medical team has a legal responsibility to ensure that it acts in the best interests of your child. He or she may involve the children's safeguarding team to help decide the best course of action for your child. If an agreement cannot be reached then the medical team may ask a judge for permission to transfuse your child against your wishes. You will be told immediately if any such action is planned.

If, in the rare occasion during the course of treatment, a true emergency suddenly arises, the medical team will still do its best to treat your child without blood. However, if in a life-threatening situation the doctors decide that 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 bloods components (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 the haemoglobin concentration. A low haemoglobin concentration means that you are anaemic.

Red blood cell transfusion is one of the treatments for anaemia. Anaemia can develop as a result of severe blood loss – for example, as a complication during childbirth or as a result of injury or surgery.

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. 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 if there is severe bleeding, such as after surgery, trauma or childbirth to replace lost clotting proteins.

Blood products (minor fractions)

Cryoprecipitate is a concentrated blood component taken from FFP when it is defrosted. It contains specific proteins involved in clotting. Cryoprecipitate may be used to replace lost clotting proteins if there is severe bleeding.

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

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

Albumin is the main protein of human blood plasma. This product is not given in the event of an emergency bleed, however it may be used to regulate fluid volume after massive blood loss.

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

Alternatives to blood transfusion

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

Where do I need to go?

You will be sent information including the location, date and time of the meeting.

What do I need to bring with me?

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

What if I change my mind?

If you change your mind about refusing a blood transfusion for your child, please tell staff immediately. The change of decision will be recorded in your child's hospital notes and your child's treatment plan will be adapted accordingly.

Useful sources of information

Contact details for our local Hospital Liaison Committee (HLC) for Jehovah's Witnesses:

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

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

Clyde Simpson 07947 664 279
Csimpson@jw-hlc.org.uk



Contact us

If you have any questions or concerns about the above information, please contact the **Transfusion Practitioner team** on 020 8725 4652 (Monday to Friday, 9am to 5pm).

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 9.30am and 4.30pm, Monday to Friday in the main corridor between Grosvenor and Lanesborough wings (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

AccessAble

You can download accessibility guides for all of our services by searching 'St George's Hospital' on the AccessAble website (www.accessable.co.uk). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.