Donating Blood

Having a large number of healthy people donating blood regularly is vital to keep up a safe blood supply. If you would like to donate blood or further information about donating blood, please contact the local Red Cross Blood Collection Centre.

Answering these questions will help to make sure you have received enough information

1. Do you understand why you need the blood product/transfusion/s?
2. Has the doctor explained the risks and benefits as they relate to you?
3. Have you discussed other options?
4. Have all your questions been answered in a way that you understand?

Informed consent

Consider the risks and benefits of a blood transfusion or not having a blood transfusion carefully.

Feel free to ask questions if there is any part of your treatment, including transfusion, which you do not understand or are concerned about.

Further information

Australian Red Cross Blood Service
www.donateblood.com.au
phone 131 495

For more information or additional brochures contact

Transfusion CNC ACT Health

phone 6244 4092 or 6244 2222 and page 50230

ENGLISH	If you need interpreting help, telephone:
ARABIC	إذا احتجت لمساعدة في الترجمة الشفوية ، إتصل برقم الهاتف :
CHINESE	如果你需要传译员的帮助，请打电话：
CROATIAN	Ako trebate pomoć tumača telefonirajte:
GREEK	Αν χρειάζεστε διερμηνέα τηλεφωνήσετε στο
ITALIAN	Se avete bisogno di un interprete, telefonate al numero:
PERSIAN	اگر به ترجمه شفاهی احتیاج دارید به این شماره تلفن کنید:
PORTUGUESE	Se você precisar da ajuda de um intérprete, telefone:
SERBIAN	Ако вам је потребна помоћ преводиоца телефонирајте:
SPANISH	Si necesita la asistencia de un intérprete, llame al:
TURKISH	Tercümana ihtiyacınız varsa lütfen telefon ediniz:
VIETNAMESE	Nếu bạn cần một người thông-ngôn hãy gọi điện-thoại:

TRANSLATING AND INTERPRETER SERVICE 131 450
Canberra and District - 24 hours a day, 7 days a week
HEALTH CARE INTERPRETERS 6205 3333

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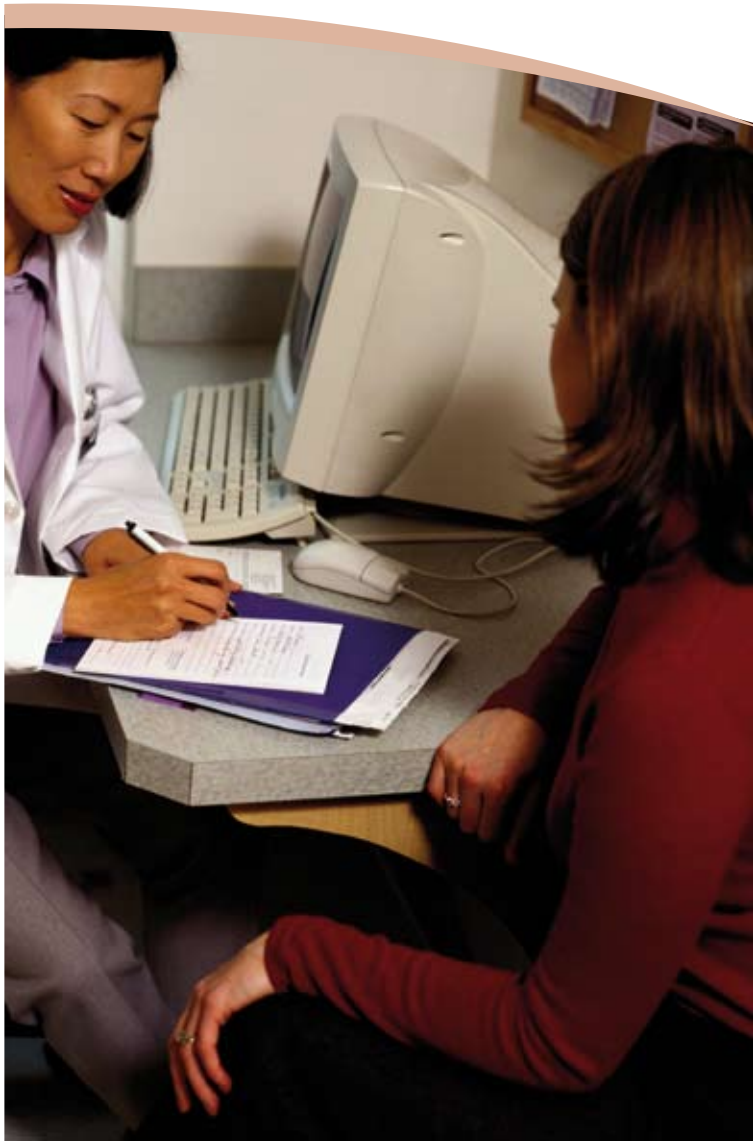
BLOOD TRANSFUSION

Have all your questions been answered?



Why would I need a blood product transfusion?

Some people may need a single, emergency transfusion after an accident or major surgery. Others may have an illness where blood products are required frequently during their treatment, e.g. patients with blood disorders, kidney disorders or having treatment for cancer.

What is a blood product?

When a blood donor donates blood it is routinely 'whole blood'. This whole blood is divided into different components which are called blood products. Not all people who require a blood transfusion require 'whole blood'.

What do these different blood products do?

Red blood cells carry haemoglobin that delivers oxygen to tissues and organs. Red cells are usually given if haemoglobin levels are low (anaemia) or if a lot of blood is lost.

Platelets are given to prevent or stop bleeding. Some diseases, medications or treatments can lower the number of platelets or they may not work properly. This blood product is yellow in colour.

Fresh frozen plasma and cryoprecipitate works with platelets to help blood to clot. Some clotting products are made in a laboratory and used in a transfusion, sometimes fresh frozen plasma and/or cryoprecipitate may be used. These products are also yellow in colour.

Where does blood come from?

All blood transfused in Australia comes from voluntary unpaid donors at the *Australian Red Cross Blood Service.*

Is the blood safe?

The Australian Red Cross Blood Service (ARCBS) has many safeguards to ensure blood supplied is safe for consumers. Before donating blood, all donors must satisfactorily complete a confidential interview, donor declaration and a health check.

In Australia all donations are tested for:

- ABO and Rh(D) blood groups
- Red cell antibodies
- HIV, Hepatitis B and Hepatitis C
- Syphilis
- Other blood borne viruses

Potential risks

Despite testing, there is a very small risk of disease transmission and other side effects.

A harmful reaction to blood transfusion can be caused by the transfusion of blood that is not matched to the patient's blood. This risk is minimised by careful patient identification and double checking procedures along with ongoing monitoring of laboratory processes.

Infectious Agent	Estimate of residual risk 'per unit' (a)
HIV	Approximately 1 in 5.4 million
Hepatitis C	Approximately 1 in 2.7 million
Hepatitis B	Approximately 1 in 739,000
Human T Lymphotrophic Virus - HTLV I & II	Approximately 1 in 17.5 million
Variant Creutzfeldt-Jakob Disease (vCJD)	No testing available. Not yet reported in Australia.
Malaria (antibody)	1 in 4.9 million to 1 in 10.2 million

Residual risk data as published Australian Red Cross website Nov 2009. http://www.transfusion.com.au/Consent-and-Risk.aspx

The Calman Chart

(Calman 1996) for explaining risk (UK risk per one year).

Negligible	< 1:1,000,000 e.g. death from a lightning strike
Minimal	1:100,000–1:1,000,000 e.g. death from a train accident
Very low	1:10,000–1:100,000 e.g. death from an accident at work
Low	1:1000–1:10,000 e.g. death from a road accident
High	> 1:1000 e.g. transmission of chickenpox to susceptible household contacts

Are there any alternatives to blood transfusion?

Some alternatives do exist and are used wherever possible. Improved surgical methods decrease bleeding and minimise the need for blood for people having a procedure.

If you are a Jehovah's Witness or have other objections to blood transfusion, it is extremely important to talk with your doctor about this.

If you wish to avoid blood transfusion for religious or other objections, you may wish to complete a *health care directive form. Your doctor can help you complete a health care directive form.*

Alternatives to Donated Blood

Autologous Blood — a patient's own blood that has been collected and stored before an operation.

Directed donations — blood from a relative or friend carries some unique risks that are usually not seen in the general donor population and is not usually recommended.