

X 111-12  
 attachment 8

**PROCEDURES:** I authorize the Attending Physician and their associates to admit my infant/child to the Special Care Nurseries/Pediatric Area and provide appropriate medical care. Such care may include, but is not limited to, endotracheal intubation, lumbar puncture, chest tube insertion, vascular catheters and other related incidental therapeutic care.

As interventions become necessary, the above mentioned M.D. or associates will discuss them with me.  
 I understand that services such as blood transfusions, x-rays and laboratory services may be necessary.  
 I voluntarily agree to allow my infant/child to be placed in restraints when required to support his/her medical care.

**SIGNATURES:**

\_\_\_\_\_  
 Patient's legal representative and relationship to patient

**DATE:**

\_\_\_\_\_  
 Informant and printed name of informant

\_\_\_\_\_  
 Translator or witness (if patient's legal representative cannot sign)

**BLOOD TRANSFUSION OPTIONS:**

**BLOOD TRANSFUSIONS:** For purposes of this consent, Autologous Blood (using own blood) is not an option for the neonatal patient.  
**DONOR BLOOD:** Your infant/child's physician will be responsible for determining if your infant/child requires a blood transfusion. If a transfusion is required prior to 72 hours, it will be considered an emergency and the blood transfusion option discussed in this consent will not apply.

**#AUTOLOGOUS BLOOD-Using Your Own Blood**

Option	Explanation	Advantages	Disadvantages
<b>PRE-OPERATIVE DONATION</b> Donating your own blood before surgery	The Blood bank draws your blood & stores it until you need it during or after surgery. For elective surgery only.	Eliminates or minimizes the need for somebody else's blood during or after surgery.	Requires advance planning. May delay surgery. Medical condition may prevent pre-operative.
<b>INTRA-OPERATIVE AUTOLOGOUS TRANSFUSION</b> Receiving your own blood during surgery	Instead of being discarded, blood lost during surgery is filtered & put back into your body during surgery. For elective & emergency surgery.	Eliminates or minimizes the need for somebody else's blood during surgery. Large amounts of blood can be recycled.	Not for use if cancer or infection is present.
<b>POST-OPERATIVE AUTOLOGOUS TRANSFUSION</b> Receiving your own blood after surgery	Blood lost after surgery is collected, filtered, & returned. For elective & emergency surgery.	Eliminates or minimizes the need for someone else's blood after surgery.	Not for use if cancer or infection is present.
<b>HEMODILUTION</b> Donating your own blood during surgery	Immediately before surgery some of your blood is taken & replaced with IV fluids. After surgery your blood is filtered and returned to you. For elective surgery.	Eliminates the need for someone else's blood during and after surgery. Dilutes blood so you lose less concentrated blood during surgery.	Limited number of units can be drawn. Medical conditions may prevent hemodilution.
<b>APHERESIS</b> Donating your own Platelets & Plasma	Before surgery your platelets & plasma, which helps stop bleeding are withdrawn, filtered & returned to you when you need it. For elective surgery.	May eliminate the need for donor platelets & plasma, especially in high blood loss procedure.	Medical condition may prevent apheresis. Procedure has limited application.

In some cases you may require more blood than anticipated. If this happens & you receive blood other than your own, there is a possibility of complications, such as hepatitis or AIDS.

**# DONOR BLOOD - Using Someone Else's Blood:**

Option	Explanation	Advantages	Disadvantages
<b>VOLUNTEER BLOOD DONATION</b> From the community blood supply	Blood & blood products donated by volunteer donors to a community blood bank.	Readily available. Can be life saving when your own blood is not available.	Risk of disease transmission (such as hepatitis, AIDS) & allergic reaction/allergic reaction.
<b>DESIGNATED DONOR BLOOD</b> From donors you select	Blood and blood donors you select who must meet the same requirements as the same requirements as volunteer donors.	You can select people with your own blood type who you feel are safe donors.	Risk of disease transmission (such as AIDS & hepatitis) and allergic reaction. May require several days of advanced donation. Not necessarily as safe or safe than volunteer donor blood.

NOTE: Care should be taken in selecting donors. Donors should never be pressured into donating. Donations from certain family members may require irradiation of blood.

**PLEASE READ THE REVERSE SIDE OF THIS INFORMATION SHEET BEFORE MAKING DECISION.**

Patient does/does not (circle one) understand English.

I have translated the information given by the physician(s) to the patient, and all of the patient's questions were answered.

Signature of Interpreter: \_\_\_\_\_

I have read the information above and on the reverse side and have advised my physician of my choice.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Relationship

\_\_\_\_\_  
 Date

I have given the patient the opportunity to discuss this information with me.

\_\_\_\_\_  
 M.D.