DESCRIPTION/OVERVIEW
This procedure details how the University of New Mexico Health Sciences Center (UNMHSC) will address the issue of refusal of blood transfusion.

REFERENCES
Uniform Health Care Decisions Act (UHCDA)

AREAS OF RESPONSIBILITY
Office of Clinical Affairs, Office of University Counsel

PROCEDURE
1. Adult Patients:
   a. Decisionally capable adult patients, or their appropriate legal representatives, have the right to make an informed decision to refuse blood transfusions regardless of them medical consequences of this decision.
      i. If a decisionally capable adult patient has no objection to the use of transfusions, he/she must sign the standard UNMHSC form for consent to blood transfusion, which will then be placed in the patient’s chart.
      ii. If a decisionally capable adult patient objects to transfusion of blood, he/she will be asked to sign the form entitled “Refusal of Blood Transfusion” (see attachment), which will be placed in the patient’s chart.
   b. If the adult patient lacks decisional capacity, the legal guardian or agent through power of attorney or other appropriate surrogate decision maker under the UHCDA may make the decisions accepting or refusing blood transfusion for the adult patient.
      i. If the patient lacks decisional capacity, and the patient’s guardian, health care agent under power of attorney, or surrogate under the UHCDA has no objection to the use of transfusions, he/she must sign the standard UNMHSC form for consent to blood transfusion, which will then be placed in the patient’s chart.
      ii. If the patient lacks decisional capacity, and the patient’s guardian, health care agent under power of attorney, or surrogate under the UHCDA objects to transfusion of blood, he/she will be asked to sign the form entitled “Refusal of Blood Transfusion”, which will then be placed in the patient’s chart.
      iii. In the event that the treating clinician believes that the health of a decisionally incapacitated adult with no legal guardian, agent under power of attorney or appropriate surrogate decision maker may be jeopardized without the use of blood or blood products, a petition for a court order for the use of blood or blood products may be appropriate. To do so, contact the hospital operator and ask them to page the on-call UNMHSC Legal Counsel for Clinical and Medical Staff.

2. Minor Patients:
   a. The parent(s), guardian, or other legal custodian of a minor patient has the right to make an informed decision to refuse blood transfusions for the minor patient regardless of the medical consequences of this decision.
i. If the patient is a minor and the parent(s), guardian(s), health care agent under power of attorney, or surrogate under the UHCDA has no objection to blood transfusion, the parent(s) or other legal representative must sign the standard UNMHSC form for consent to blood transfusion, which will then be placed in the patient’s chart.

ii. If the patient is a minor and the parent(s), guardian(s), health care agent under power of attorney, or surrogate under the UHCDA refuses to authorize blood transfusion, the parent or legal representative will be asked to sign the form titled “Refusal of Blood Transfusions” (see attachment), which will be placed in the patient’s chart.

iii. Notwithstanding paragraphs i and ii, in the event that the treating clinician believes that the life or health of a minor patient with no parent(s), legal guardian(s), an agent under power of power of attorney or appropriate surrogate decision maker bay be jeopardized without blood transfusion, a petition for a court order for blood transfusion may be appropriate. To do so, contact the hospital operator and ask them to page the Office of University Counsel during evenings and weekends, the on-call attorney in the Office of University Counsel.

iv. A treating clinician may legally order a blood transfusion for a minor patient in emergency circumstances by doing the following:
   1. Make a reasonable effort to obtain consent for blood transfusion from any known or identifiable parent, legal guardian, agent under power of attorney or appropriate surrogate decision maker.
   2. If denied, contact UH administration; during evenings and weekends, contact the Administrator-On-Call via hospital operator.
   3. For a petition for court order to administer blood products to a minor, contact the hospital operator and ask them to page the on-call UNMHSC Legal Counsel for Clinical and Medical Staff.
   4. Notwithstanding 2.a.iv.1-3 above, in an immediately life-threatening situation where the clinician feels that the minor patient’s life is in imminent danger without transfusion, blood products may be given to save the minor patient’s life in accordance with the medical standard of care. Once the life-threatening situation has passed, the clinician must go through the above steps to secure consent from the appropriate person or judicial body for potential future transfusions.

3. Jehovah’s Witnesses
   a. The Hospital Liaison Committee for Jehovah’s Witnesses of Albuquerque/Santa Fe, New Mexico is available to patients and physicians for consultation and support at no charge twenty-four (24) hours daily. The Committee can provide personal assistance to patients in resolving spiritual or ethical questions related to medical care, and can provide information to physicians on the religious views of Jehovah’s Witnesses regarding medical care and on medical alternatives to blood transfusion. A Committee member can be contacted through the Physicians’ Access Line (PALS).

DEFINITIONS

Blood transfusion: The administration of blood, blood components, or blood products into a blood vessel.
SUMMARY OF CHANGES

RESOURCES/TRAINING
Contact the Office of Clinical Affairs or the Office of University Counsel with questions.

DOCUMENT APPROVAL & TRACKING

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<td>Robert Bailey, MD, Associate Dean for Clinical Affairs</td>
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ATTACHMENTS
Refusal of Blood Transfusion
REFUSAL OF BLOOD TRANSFUSION

Patient Name: _______________________________ Medical Record #: ___________________

Date of Birth: ___________________ Attending Physician: ______________________________

I request that no blood or blood products be administered to the patient during this hospitalization. I understand that the patient’s treating clinicians may judge that such treatment is, or may become, medically necessary to preserve the patient’s life or promote the patient’s recovery. The treating clinicians have explained to me why such treatment is or may become medically necessary; the risks, benefits and potential complications associated with transfusion; and any alternatives to transfusion. In addition, the treating physicians have explained to me the risks and potential complications of my refusal of blood or blood products for the patient, and have given me the opportunity to ask questions, and have answered all of my questions to my satisfaction. I fully understand the risks and possible consequences of such refusal.

I hereby release the University of New Mexico Health Sciences Center and its personnel from any responsibility whatsoever for the consequences of my refusal to permit the transfusion of blood or blood products to the patient.

Patient’s Signature (if decisionally capable): ____________________________________________

Date and Time of Signature: __________________________, 20____, at _______

Month & Date Year Time

Patient cannot sign because: ☐ minor ☐ unconscious ☐ other: ____________________________

Signature of Parent, Guardian, Legal Representative, or Surrogate Decision Maker:

Name:_____________________________ Signature: ___________________________

Relation to Patient: ______________________________________________________________

Date and Time of Signature: __________________________, 20____, at _______

Month & Date Year Time

Witness’s Name: __________________________Signature: ____________________________

Date and Time of Signature: __________________________, 20____, at _______

Month & Date Year Time

Witness’s Name: __________________________Signature: ____________________________

Date and Time of Signature: __________________________, 20____, at _______

Month & Date Year Time

Title: Blood Transfusion Refusal
Owner: Associate Dean for Clinical Affairs
Effective Date: 1/21/2014
Doc. #3090

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