



## CLINICAL POLICY

### Refusal of Blood Transfusion and/or Blood Products

**A. EFFECTIVE DATE :**

May 23, 2022

**B. PURPOSE :**

To clarify issues and to establish a framework for assessing and appropriately managing the refusal of blood and/or blood products, including those urgent/emergency medical care situations where blood transfusion and/or administration of blood products is necessary to prevent death or serious injury.

For purposes of this policy, assessment of a patient's refusal of blood and/or blood products will be evaluated according to one of the following treatment situations:

1. Treatment involving an adult patient capable of making their own decision(s);
2. Treatment involving a minor patient, or;
3. Treatment involving a legally incompetent adult.

**C. POLICY :**

1. TREATMENT INVOLVING AN ADULT PATIENT CAPABLE OF MAKING THEIR OWN DECISION(S)

An adult patient assessed as capable of making their own decision(s) has a right to make informed refusal of medical treatment, including the transfusion of blood and/or administration of blood products, even if those interventions are considered to be necessary to prevent death or serious injury. Therefore, the decision of a competent, informed, adult patient to refuse blood transfusion and/or blood products should generally be honored, consistent with the procedure outlined in Section G.1.

2. TREATMENT INVOLVING A MINOR PATIENT

IN URGENT/EMERGENCY MEDICAL CARE SITUATIONS, LIFE-SUSTAINING BLOOD AND/OR BLOOD PRODUCTS MAY BE ADMINISTERED TO A MINOR DESPITE REFUSAL, IF THE TREATING PHYSICIAN DEEMS SUCH PROCEDURE NECESSARY TO PREVENT DEATH OR SERIOUS INJURY.

## TREATMENT INVOLVING A LEGALLY INCOMPETENT ADULT

IN URGENT/EMERGENCY MEDICAL CARE SITUATION, LIFE- SUSTAINING BLOOD AND/OR BLOOD PRODUCTS MAY BE ADMINISTERED TO A LEGALLY INCOMPETENT ADULT WITHOUT EXPLICIT CONSENT, IF THE TREATING PHYSICIAN DEEMS SUCH PROCEDURE NECESSARY TO PREVENT DEATH OR SERIOUS INJURY.

### D. **SCOPE :**

This policy applies to all UConn Health clinical areas.

### E. **DEFINITIONS :**

None

### F. **MATERIAL(S) NEEDED :**

None

### G. **PROCEDURE :**

#### 1. Treatment involving an Adult Patient Capable of Making Their Own Decision(s)

##### A. Blood product refusal may be documented by:

- i. Completion of the Informed Refusal of Transfusion section of Form **HCH127A** (Consent for Administration of Blood Components)
- ii. A legally executed advance directive or MOLST

##### B. A Blood product refusal flag entered by a Provider will be prominently displayed in the electronic records of patients who, for religious or other reasons, decline to receive blood products.

##### C. Unit Staff should immediately notify the Nursing Administrative Manager of any patient who withholds consent to the transfusion of blood and/or administration of blood products, and, if available, provide the Nursing Administrative Manager with information on whether the transfusion of blood and/or administration of blood products is likely to become medically necessary to prevent the patient's death or serious injury.

##### D. The Nursing Administrative Manager should inform the Administrator-On-Call and provide them with the relevant information on patient's situation, including name, age, medical condition, capacity for informed decision-making, and whether the transfusion of blood and/or administration of blood products is likely to become medically necessary. The Nursing Administrative Manager should notify the Office of General Counsel at UConn Health of the patient's situation if the transfusion of blood and/or administration of blood products is likely to become medically necessary.

##### E. If the treating physician deems it uncertain whether the patient has capacity to participate in the consent process, a psychiatric consultation should be performed, and the results thereof appropriately documented.

The physician should discuss with the patient the risks, benefits, and hazards involved in the administration of blood and/or blood products and clearly disclose the risks of refusal, including the risk of death. The physician should also discuss and explore with the patient alternative medical procedures that are acceptable to the patient including the use of clotting factors or other blood derivatives, or advance donation and utilization of the patient's own blood. The physician should document such discussion in the medical record.

- G. In addition, the medical record statement should reflect the competent adult patient's decision to refuse blood and/or blood products, signed by the patient ([HCH 127A](#)).
- H. In any case involving a pregnant woman with a potentially viable fetus, the Office of General Counsel at UConn Health as well as the Administrator-On-Call should be contacted immediately with information, documented in the medical record by the obstetrician, addressing:
  - i. fetal viability
  - ii. expected consequences for the potentially viable fetus resulting from maternal refusal to consent to the administration of blood and/or blood products prior to or during delivery
  - iii. imminence of expected delivery
  - iv. planned method of delivery
- I. If the adult patient's treating physician feels that she/he would be unable to honor the informed decision made by an adult patient of sound mind to refuse life-sustaining blood transfusion and/or blood products, she/he should inform the patient immediately, and attempt to facilitate transfer of care to another physician or health care professional as soon as possible.
- J. If a surgical or obstetric procedure is anticipated, the treating physician should inform the Department of Anesthesiology of the adult patient's decision as soon as possible.
- K. If a patient makes an informed decision, after appropriate disclosure of risks and benefits, to elect Intraoperative Blood Salvage, that decision should be documented on the signed Informed Consent form ([HCH 127A](#)). Intraoperative Blood Salvage services are available through perfusion or the American Red Cross.

## 2. Treatment involving a Minor Patient

- A. The Nursing Administrative Manager should inform the Administrator-On-Call as soon as possible of this admission and provide any relevant information on patient's situation, including name, age, medical condition, when the administration of blood and/or blood products is likely to become necessary, name of parent/guardian/ conservator of the minor patient, and any evidence that might exist of capacity for participation in the decision-making process. The Nursing Administrative Manager should notify the Office of General Counsel at UConn Health of the patient's situation if the transfusion of blood and/or administration of blood products is likely to become medically necessary.
- B. If time permits, the physician should attempt to obtain informed consent for the administration of blood and/or blood products from the appropriate legal guardian. The physician should also discuss and explore with the minor patient's legal guardian alternative medical procedures, including advance donation and utilization of the patient's

own blood. The physician should document such discussion in the medical record.

- C. If surgery is anticipated, the treating physician should inform the Department of Anesthesiology of the situation as soon as possible.
- D. In urgent/emergency medical care situations, the treating physician is required by law to report the refusal to the Department of Children and Families (DCF). Specifically, the primary physician should contact DCF's 24/7 CARELINE DIRECTLY at (1-800- 842-2288) to obtain an Order of Temporary Custody or to invoke the 96-hour hold which, under these circumstances, will authorize treatment until such time as a court order can issue.
- E. DCF will bring to the hospital/physician the required forms, which must document the date, time (beginning/ending) and treatment of each procedure performed under these circumstances. If an immediate decision is required concerning urgent, necessary medical intervention, the primary physician should ensure that the medical record reflects the urgency of the situation and the rationale that forms the foundation of the physician's assessment.
- F. IN A LIFE-THREATENING SITUATION, IF THE TREATING PHYSICIAN DETERMINES THAT NO REASONABLE ALTERNATIVE TO BLOOD AND/OR BLOOD PRODUCTS IS AVAILABLE, AND DEEMS THE MEDICAL PROCEDURE INVOLVING BLOOD TRANSFUSION AND/OR ADMINISTRATION OF BLOOD PRODUCTS NECESSARY TO PREVENT DEATH OR SERIOUS INJURY OF THE MINOR PATIENT, THE HOSPITAL IS AUTHORIZED TO PERFORM THE PROCEDURE EVEN BEFORE A COURT ORDER IS OBTAINED.
- G. In a special case, such as involving an emancipated minor, contact the Office of General Counsel at UConn Health.

### 3. Treatment involving a Legally Incompetent Adult

- A. Admitting Unit Staff should immediately notify the Nursing Administrative Manager of any adult patient who is legally incompetent to give an explicit consent to the transfusion of blood and/or administration of blood products. Patient's advance directive should be reviewed, if available.
- B. Efforts should be made to determine if a legally executed advance directive was created when the patient had capacity.
- C. The physician should verify that the medical record reflects the reasonable basis for performing the medical procedure necessary to prevent death or serious injury.
- D. The Nursing Administrative Manager should inform the Administrator-On-Call as soon as possible of this admission and provide any relevant information on patient's situation, including name, age, medical condition, whether or not the administration of blood and/or blood products is urgent, name of parent/guardian/conservator of the legally incompetent adult patient, and any evidence that might exist of capacity for participation in the decision-making process. The Nursing Administrative Manager should notify the Office of

General Counsel at UConn Health of the patient's situation if the transfusion of blood and/or administration of blood products is likely to become medically necessary.

- E. If time permits, the physician should attempt to obtain informed consent for the administration of blood and/or blood products from the patient's appropriate legal representative for health care decisions (*see the following link for determining appropriate legal representative: [http://health.uconn.edu/policies/wp-content/uploads/sites/28/2015/07/policy\\_2012\\_05.pdf](http://health.uconn.edu/policies/wp-content/uploads/sites/28/2015/07/policy_2012_05.pdf)* ). The physician should also discuss and explore with the patient's legal representative alternative medical procedures, including advance donation and utilization of the patient's own blood. The physician should document such discussion in the medical record.
  
- F. If surgery is anticipated, the treating physician should inform the Department of Anesthesiology of the situation as soon as possible.
  
- G. If informed consent cannot be obtained, or if the patient, now incompetent, left evidence of a prior decision made while competent to refuse life-sustaining blood transfusion and/or administration blood products, the treating physician should inform the appropriate Nursing Administrative Manager on duty in the Hospital who will contact the Office of General Counsel at UConn Health to address the legal issues and assist with obtaining a court order if necessary. The attending physician will also document in the medical record the following:
  - i. name
  - ii. patient's age
  - iii. medical justification for obtaining a court order, including the level of urgency in providing necessary treatment
  - iv. level of competence, including the physician's assessment concerning the once-competent but currently incompetent adult
  - v. specific circumstances surrounding lack of consent, including efforts already made or underway to obtain appropriate consent
  - vi. if the patient is pregnant,
    - a. viability of fetus
    - b. expected impact of maternal refusal of blood and/or blood products on fetus
    - c. imminence of expected delivery
    - d. planned method of delivery
  
- H. The Nursing Administrative Manager should inform the Administrator-On-Call and the Office of General Counsel at UConn Health and provide them with the above information.
  
- I. The Office of General Counsel at UConn Health will work in conjunction with the appropriate hospital personnel to transmit the information to the appropriate judicial authority, as necessary, to seek a permissive court order for the administration of blood and/or blood products.

J. IN URGENT/EMERGENCY MEDICAL CARE SITUATIONS, IF THE TREATING PHYSICIAN DETERMINES THAT NO REASONABLE ALTERNATIVE TO BLOOD AND/OR BLOOD PRODUCTS IS AVAILABLE, AND DEEMS THE MEDICAL PROCEDURE INVOLVING BLOOD TRANSFUSION AND/OR ADMINISTRATION OF BLOOD PRODUCTS NECESSARY TO PREVENT DEATH OR SERIOUS INJURY OF THE LEGALLY INCOMPETENT ADULT PATIENT OR HER VIABLE FETUS, AND IF THERE IS NO ADVANCE DIRECTIVE THAT CLEARLY OUTLINES THE PATIENT'S WISHES REGARDING TRANSFUSION OF BLOOD PRODUCTS, THE HOSPITAL IS AUTHORIZED TO PERFORM THE PROCEDURE BEFORE CONSENT HAS BEEN OBTAINED.

K. **ATTACHMENTS :**

None

L. **REFERENCES :**

DCF Temporary Custody for Purposes of Medical/Dental Treatment For a Minor Child, Policy #07-004

M. **SEARCH WORDS :**

None

N. **ENFORCEMENT:**

Violations of this policy or associated procedures may result in appropriate disciplinary measures in accordance with University By-Laws, General Rules of Conduct for All University Employees, applicable collective bargaining agreements, the University of Connecticut Student Code, other applicable University Policies, or as outlined in any procedures document related to this policy.

O. **STAKEHOLDER APPROVALS :**

On file

P. **COMMITTEE APPROVALS :**

Approved by the Medical Board February, 9, 1988

**Q. FINAL APPROVAL :**

- |   |                           |
|---|---------------------------|
| 1. <u>Bruce Liang, MD (Signed)</u><br>Bruce Liang, MD<br><b>UConn Health Chief Executive Officer</b>  | <u>05/23/2022</u><br>Date |
| 2. <u>Anne D.Horbatuck (Signed)</u><br>Anne D. Horbatuck, RN, BSN, MBA<br><b>Clinical Policy Committee Co-Chair</b>   | <u>05/19/2022</u><br>Date |
| 3. <u>Dr. Scott Allen (Signed)</u><br>Scott Allen, MD<br><b>Clinical Policy Committee Co-Chair</b>  | <u>05/17/2022</u><br>Date |
| 4. <u>Caryl Ryan (Signed)</u><br>Caryl Ryan, MS, BSN, RN<br><b>Chief Operating Officer, JDH</b><br><b>VP Quality and Patient Services &amp; Chief Nursing Officer</b> | <u>05/18/2022</u><br>Date |

**R. REVISION HISTORY :**

Date Issued: 9/82

Date Revised: 2/88, 5/93, 12/94, 5/03, 4/16, 6/16, 4/17, 5/18, 9/21

Date Reviewed: 5/97, 5/00, 8/09, 4/16, 6/16