

Greater Carolinas Women's Center

BLOOD AND/OR BLOOD PRODUCT WAIVER

Our top priority at Greater Carolinas Women's Center is your health and safety. We also find it important to recognize and respect your personal preference when it comes to medical treatment, specifically your right to accept or refuse blood and/or blood products.

This medical directive form is for you to let us know what you would want done for you in an unforeseen emergency/life-threatening situation, if you were not capable of telling us at that time.

_____ I will accept ANY blood product that my healthcare provider deems necessary in an emergency/life threatening situation.

_____ ****I REFUSE** all blood/blood products except those specifically initialed on the separate Carolinas Medical Centers-Charlotte Blood Management List of Treatments (see and sign separate form). *****These may or may not be available at the time of service.*** **I WOULD RATHER DIE THAN BE GIVEN ANY BLOOD PRODUCTS UNAUTHORIZED BY ME PERSONALLY.**

I am signing this medical directive with the understanding that my decision to REFUSE recommended blood products may adversely affect my health and put my life at serious risk, including death. I release the physicians, his/her assistants, the office, the hospital, and its personnel from any responsibility whatsoever for any unfavorable results due to my refusal of blood products. I understand that this document will be held true and honored as above unless I personally make the decision to change it. My next of kin or power of attorney will NOT be able to override the above stated medical directive; therefore, I understand the importance of sharing these wishes with them.

Patient Name: _____ Time: _____ Date: _____

Patient Signature: _____ Time: _____ Date: _____

Witness Signature: _____ Time: _____ Date: _____



CAROLINAS MEDICAL CENTERS - CHARLOTTE
BLOOD MANAGEMENT LIST OF TREATMENTS

PLEASE INITIAL ALL THAT ARE ACCEPTABLE (MAY CHOOSE MORE THAN ONE OR ALL):

FLUIDS USED TO SUPPORT BLOOD PRESSURE:

_____ Albumin (a plasma protein-it comes from a human donor)

_____ Others _____

BLOOD SALVAGE:

_____ Cell Salvage (The patient's own blood is captured and returned to them through a system that is at all times connected to and in contact with that person's circulation)

_____ Others _____

MEDICATIONS:

_____ Erythropoietin (stimulates production of red blood cells-may be dissolved in albumin)

_____ Factor VIIa (a man-made protein to help stop bleeding, particularly in hemophilia)

_____ Antithrombin III (a sterile blood fraction from a human donor)

_____ Factor VIII (a clotting factor)

_____ Others _____

PRODUCTS THAT MAY BE USED AS A TOPICAL AID TO STOP BLEEDING:

_____ Platelet Gel (a topical solution of platelets-comes from the patient himself)

_____ Fibrin Glue (topical clotting solution-it comes from a human donor)

_____ Thrombin (topical clotting solution-is a synthetic solution, but may also come from a human donor)

_____ Others _____

PRODUCTS THAT ARE GIVEN INTRAVENOUSLY THAT PARTICIPATE IN BLOOD CLOTTING:

_____ Cryoprecipitate (a clotting factor from a human donor)

_____ Platelets (helps stop bleeding-it comes from a human donor)*

_____ Fresh Frozen Plasma (helps stop bleeding-it comes from a human donor)*

_____ Others _____

*Not acceptable for Jehovah's Witness patients

I WILL NOT ACCEPT ANY BLOOD PRODUCTS OTHER THAN THOSE INITIALED ABOVE UNDER ANY CIRCUMSTANCES.

I/we release the attending physician(s), his/her assistants, the hospital and its personnel from any responsibility whatever for any unfavorable results (which may include death) due to my/our refusal to permit the use of blood and/or its components.

Signature of Patient/Representative

Witness

Date/Time:

I WILL ACCEPT ANY BLOOD PRODUCTS THAT MY PHYSICIAN(S) DEEMS NECESSARY.

Signature of Patient/Representative

Witness

Date/Time:



Carolinus Medical Centers Charlotte
Blood Management – Treatment Alternatives 12/10

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