



[place addressograph here]

Therapeutic Apheresis Consent

LifeSouth Community Blood Centers

Therapeutic Apheresis is the process of withdrawing blood from a patient, removing a specific blood component, then reinfusing the remaining blood components to treat or palliate a disease. All apheresis procedures have basic principles in common: Blood is withdrawn from a patient through a needle or catheter and mixed with an anticoagulant (citrate) to prevent clotting. The blood is then separated in a centrifuge and the target blood components (based on the procedure being performed) are collected and discarded. The remaining blood is then returned to the patient along with replacement solution/fluids. Replacement fluids are given as ordered by the physician and may include (alone or in combination): saline solution, albumin, donated red cells, and/or plasma. All materials coming in contact with the patient's blood are sterile, used only once, and then destroyed. Therapeutic Apheresis consists of the following procedures:

- Plasmapheresis/Plasma Exchange: The removal of plasma (the liquid portion of the blood) from a patient and replacement with a solution mixed into the cellular portion of the blood. The replacement solution may be donor plasma, 5% albumin, and/or normal saline solution.
- Erythrocytapheresis/Red Cell Exchange: The removal of a predetermined volume of red blood cells and transfusion of allogeneic red blood cells with reinfusion of the patient's other blood components.
- Erythrocytapheresis/Red Cell Depletion: The removal of a predetermined volume of red blood cells.
- Erythrocytapheresis/Red Cell Depletion/Exchange: Red Cell Depletion immediately followed by Red Cell Exchange.
- Leukapheresis: The removal of white blood cells.
- Plateletpheresis: The removal of platelets.

RISKS OF THERAPEUTIC APHERESIS:

The risks of Therapeutic Apheresis include, but are not limited to, the following:

- Weakness, nausea, or feeling faint as a result of anxiety or changes in blood pressure or blood volume; mild reactions such as itching or hives; tingling of the lips and/or fingers due to the anticoagulant. Inform the Therapeutic Apheresis Nurse if any of these occur, as there are adjustments that can be made during the procedure to lessen these effects.
- Loss of red blood cells, which may occur if the procedure must be prematurely discontinued for any reason.
- Hemolysis: There is a remote possibility of disrupting the red blood cells due to a malfunction of the machine; however, this is extremely rare and is carefully monitored. In the event of hemolysis the procedure would be discontinued.
- Although very rare, air infusion, bacterial contamination, and/or blood transfusion reactions could occur. The consequences of these unlikely events could be severe and may result in death. Complications associated with transfusions of blood components may include:
 - o Fatal hemolytic transfusion reactions caused by administration of incompatible blood.
 - o Transmission of infectious diseases or agents such as hepatitis, HIV, bacteria or those causing malaria and other rare diseases.
 - o Alloimmunization: The production of antibodies against donor red blood cells, white blood cells or platelet antigens.
 - o Allergic reactions, febrile reactions, lung injury and circulatory overload may also occur.

INFORMED CONSENT:

I hereby authorize LifeSouth Community Blood Centers personnel to perform the therapeutic apheresis procedure checked by the Therapeutic Apheresis Nurse below:

- | | |
|--|--|
| <input type="checkbox"/> Erythrocytapheresis | <input type="checkbox"/> Plasmapheresis/Plasma Exchange |
| <input type="checkbox"/> Red Cell Depletion/Exchange | <input type="checkbox"/> Plateletpheresis/Platelet Depletion |
| <input type="checkbox"/> Red Cell Exchange | <input type="checkbox"/> Leukapheresis/White Cell Depletion |
| <input type="checkbox"/> Red Cell Depletion | |

I understand that questions regarding my disease and treatment are best answered by my physician.

The procedure and risks have been explained to me by Dr. _____.

I have been given ample opportunity to ask questions about the procedure and the risks, hazards, and possible complications involved. All questions have been answered to my satisfaction. In the event of a reaction or complication, medical staff will provide immediate care as indicated. My consent to the procedure may be withdrawn at any time.

Patient or Patient Guardian Signature

Date

Print Patient's or Guardian's Name

Relationship to Patient, if guardian signed

Apheresis Nurse Signature

Date

Print Apheresis Nurse's Name