



## Progress Notes

# MEDICAL STAFF

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### FROM THE PRESIDENT

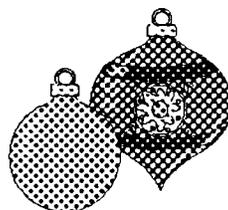
As both the year and my term as President of the Medical Staff draw to a close, I wish to take this opportunity to express my sincerest appreciation and thanks to everyone with whom I have worked over the past year.

Entering this new decade will bring new challenges to all of us. We have merged our staff and have entered into a new governance structure. This will necessitate more active participation by everyone. I firmly believe that this medical staff will rise to the occasion and demonstrate to all that we are indeed capable of "co-managing" our hospital. Our patients and our community have placed this trust in us!

As the holidays approach, I would like to extend to you and your families my best wishes for a very happy holiday season and a sincere wish for a prosperous new year.

Sincerely,

Charles J. Scagliotti, M.D.  
President, Medical Staff



### MEDICAL STAFF / ADMINISTRATION LUNCHEON

In order to provide physicians with an opportunity to exchange ideas and participate in information discussion about current issues and future plans with Sam Huston, President, and Alan Schragger, M.D., co-vice chairman, HealthEast/TAH--LVHC Board of Directors, a Medical Staff/Administration luncheon has been scheduled for Wednesday, December 19, from noon to 1:30 p.m., in the Conference Dining Room at the LVHC site.

Interested physicians should stop by the Medical Affairs Office or call to schedule their attendance through Gina Jones at 776-8100. Lunch will be provided.

## HAPPY HOLIDAYS!



The Allentown  
Hospital—  
Lehigh Valley  
Hospital Center

A HealthEast Hospital

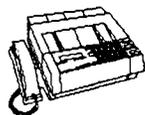
VOLUME 2, NUMBER 12  
DECEMBER, 1990

**RESEARCH ADVISORY COMMITTEE - REQUEST FOR PROPOSALS**

The Research Advisory Committee (RAC) meets quarterly to review clinical/epidemiological research proposals (requests for funding) submitted by the Medical and Professional Staff of TAH-LVHC. The next meeting of the RAC is January 30, 1991.

All proposals submitted by January 15, 1991 will be reviewed at the January 30 meeting. Further information and proposal guidelines may be obtained by contact James F. Reed III, Ph.D., Director of Research, at 776-8889.

**FAX SERVICE AVAILABLE FROM RADIOLOGY**



Fax machines are now being installed in the Radiology Department at both sites in addition to Lehigh Valley Diagnostic Imaging to speed the flow of written communication with referring physicians and others.

Authenticated reports will be transmitted on request to physicians' offices who are registered for fax services with the Radiology Department. Those offices desiring routine transmission of all authenticated reports on their patients may request that service.

The Radiology Department at TAH site will accept written fax prescriptions for outpatient department procedures for both the hospital and Allentown Diagnostic Center locations from 8 a.m. to 4:30 p.m., Monday through Friday.

Requests for procedures at the LVHC site should continue to be sent through the HIS only. Please follow-up all STAT or urgent requests with a regular phone call.

The department and fax numbers for Radiology include:

- TAH Radiology Department - 778-2214; fax number - 778-9690
- LVHC Radiology Department - 776-8080; fax number - 778-1690
- Lehigh Valley Diagnostic Imaging - 435-1600; fax number - 435-8329

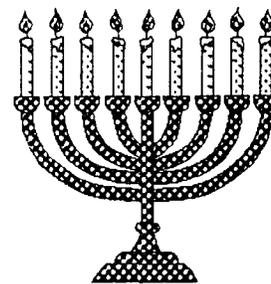
Forms for registering for fax service will be distributed at the Physician Office Practice Forum on December 14. You may also obtain a copy by calling 776-8088.

Completed registration forms should be returned to William Wright, Director, Radiology Department, LVHC site, 1200 S. Cedar Crest Blvd., Allentown, PA 18105.

**QUOTE OF THE MONTH**

*Whoever said, "It's not whether you win or lose," probably lost.*

*-Martina Navratilova*



**CANCER TREATMENT GROUPS**

Members of the Division of Hematology/Medical Oncology and the Department of Radiation Oncology are participants in many national cooperative cancer treatment groups. Those groups are sponsored by the National Cancer Institute and make available to patients in this community many therapeutic advantages such as:

- \* peer reviewed and defined multidisciplinary treatment programs
- \* frequent updates of results that precede medical literature publication by three to five years
- \* availability of drugs that are not commercially available and which have documented therapeutic advantages

If you have any questions about any of these advanced treatment programs or would like a list of available programs, please contact one of the active medical staff members of the Division of Hematology/Medical Oncology or Department of Radiation Oncology.

### FINANCIAL COUNSELOR NAMED AT TAH SITE

Maxine Kelly is the new Financial Counselor at TAH site. She is available Monday through Friday, from 8 a.m. to 4:30 p.m., and may be reached at 778-2394 or beeper 1593. Physicians may utilize her services to assist their patients with financial matters relating to hospital bills, charges, inability to pay, and Medical Assistance applications.

Financial assistance needs continue to be handled at the LVHC site by Amy Potter, Financial Counselor. She may be reached at 776-8302.

### HEALTHEAST HEALTH PLAN CHANGES

Effective January 1, 1991, a number of changes will be made to the HealthEast Health Plan and applied to services incurred after this date. The changes include:

\* Newborn circumcisions will be covered.

\* Prescription drugs, up to a 90-day supply per prescription, will be covered at 80% in a retail pharmacy and 100% at Spectrum Apothecary after the \$100 deductible is met. Refills will be honored as prescribed by the physician and in compliance with the law.

\* Benefits for a surrogate mother and/or reversal of voluntary sterilization will **not** be covered.

In addition, any doctor who is no longer a member of TAH-LVHC Medical Staff will automatically become a non-participating physician in the HealthEast Health Plan.

If you have any questions regarding these changes, please contact Mary Kay Gooch in Human Resources at HealthEast at 778-7936.

### TRANSFUSION CONSENT FORM APPROVED

A Transfusion Consent Form has been approved and will be officially instituted on January 7, 1991. The consent form and the policy relating to this form will be discussed at the General Medical Staff Meeting on Monday, December 10. A copy of the policy, the consent form, a patient information sheet, and a physician information sheet are attached to the newsletter for your information.

Short videos concerning autologous transfusion will also be distributed to appropriate offices in the near future.

If you have any questions regarding this new form or the policy, please contact Ted Matulewicz, M.D., Chairman, Transfusion Review Committee, at 776-8140, or Bala B. Carver, M.D., Director of Transfusion Medicine, at 776-8142.

### SPECIAL CARE UNIT CLARIFICATION

Since the Special Care Unit moved to the sixth floor at the LVHC site, there has been some confusion as to the types of patients admitted to the unit.

The Special Care Unit is a 14-bed critical care unit with the capability of monitoring ECG, A lines, PA lines, and various pharmacological therapy and specified ventilated patients. The types of patients cared for in the Special Care Unit continue to be the same as previously admitted while the unit was located on the third floor. Only the location has changed.

If you have any questions concerning the types of patients monitored in the Special Care Unit, please call Gary Guldin, R.N., head nurse, at 776-8727 or 776-8730.

## MATERNAL/CHILDBIRTH FORUM SCHEDULED

The Maternal/Childbirth Education program will hold its first forum on Wednesday, January 16, 1991.

Developed for the benefit of childbirth educators and physician office managers, the Maternal/Childbirth Forums will provide an effective way to help shape the education and ensure the quality of healthcare provided to the community.

Topics for this quarterly forum were chosen from questions most often asked about hospital services, procedures and educational programs.

Topics for the first forum will include "Low Risk Perinatal Care," "Infant Security," "Hospital Tours," and "Teen Pregnancy."

Pre-registration is requested. For more information or to register, contact Fran Derhammer, Coordinator, Maternal/Childbirth Education, at 778-2903.

## MEDICAL OFFICE MANAGEMENT CERTIFICATE PROGRAM

Penn State Allentown Campus and Lehigh County Vocational Technical School have announced the winter schedule for the Medical Office Management Certificate Program.

The purpose of the program is to develop health care professionals who can meet the challenge of operating medical offices, medical laboratories, and clinics. The Medical Office Management Program was developed to provide current health care office workers with the cross training necessary to function effectively and productively in the business setting.

The Winter 1991 Medical Office Management classes are scheduled to begin the week of January 21, 1991 and end the week of March 25, 1991. Classes meet Monday, Tuesday, and Wednesday evenings from 6:45 to 9:45 p.m.

For additional information including the complete program grid and course description, contact Penn State Allentown Campus at (215) 821-6577 or Lehigh County Vocational Technical School at (215) 799-1372.

## PC CLASSROOM TRAINING NOW AVAILABLE FOR PHYSICIANS AND OFFICE STAFF

HealthEast Information Services (HEIS) has contracted with a third-party vendor, Practice Builders, Inc., to handle most of the system's Personal Computer (PC) training. Practice Builders currently charges \$195 per person for a one-day course. HEIS pays only \$100 per person

for courses held exclusively for employees of the HealthEas. system.

Because of the relationship HEIS has developed with Practice Builders, they have agreed to offer PC training to physicians and physician office staff associated with HealthEast at the same rate HEIS pays for courses. Costs will be invoiced directly to the physician's office by Practice Builders. Registrations are subject to the HEIS cancellation and no-show policies to ensure that the minimum class size is maintained.

Information about PC Classroom Training will be presented at the next Physician Office Practice Forum on December 14, or contact Information Services at 778-1401.

## PUBLICATIONS, PAPERS AND PRESENTATIONS

Geoffrey G. Hallock, M.D., plastic and reconstructive surgeon, presented a paper, "Complications of the Free Flap Donor Site," at the American Society for Reconstructive Microsurgery Meeting held recently in Toronto. This provided insight and further means for refinement of these complex procedures used to treat massive or unusual wound defects.

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(Continued from Page 4)

**Peter A. Keblish, Jr., M.D.**, Chief, Division of Orthopedic Surgery, was a guest lecturer at the 15th Annual New Jersey Orthopaedic Symposium held in New Brunswick, N.J., on October 26-27, 1990. Dr. Keblish was involved with a panel of case presentations for the teaching staff of orthopedic residents in New Jersey. In addition, he delivered talks on total knee replacement arthroplasty which included "The Lateral Approach to the Valgus Knee" and "Patellar Resurfacing vs. Patellar Retention."

Dr. Keblish was also a guest at the 12th International Symposium on Surgery of Arthritis held in Barcelona, Spain, on October 29-30. This two-day meeting was devoted to total knee replacement arthroplasty. Dr. Keblish delivered a talk on "The Biomechanical Rationale and

Results of the LCS Knee System." He also participated in a panel discussion of interesting revision problems.

In early November, Dr. Keblish spoke at the Pennsylvania Orthopaedic Society Fall Meeting on the topic of "Moveable Bearing Cementless Ankle Replacement: A Prospective Preliminary Overview." In his presentation, Dr. Keblish discussed the results of a multicenter study for 237 ankle implants from 1983 to

1990. He also served as a moderator for a session on talks on the spine.

**Thomas D. Meade, M.D.**, orthopedic surgeon, recently presented two talks, "Update on ACL Ligament Reconstruction" and "Indications for Meniscal Repair," at the Knee Ligament Rehabilitation Course held in Reading, Pa.

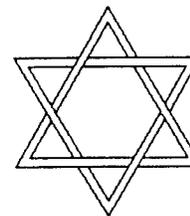
#### UPCOMING CONFERENCES, SEMINARS AND MEETINGS

##### Physician Office Practice Forum

A Physician Office Practice Forum has been scheduled for Friday, December 14, from 12:15 to 2 p.m., in the Auditorium at the LVHC site.

Topics to be discussed will include the Breast Cancer Consultative Service, PC Classroom Training for Physicians and Physicians Office Staff, New Admitting Procedure for Short Stay and OTU Patients, and the Telefax Machine Pilot Program. A representative from Eugene Davids Co., Inc., will be on hand to demonstrate and answer questions about several fax machines which will be on display.

To register for the Forum, please call Janet M. Laudenslager, Coordinator, Physician Office Practice Support, at 778-2780, by Tuesday, December 11.



#### TAH--LVHC REGIONAL SYMPOSIUM SERIES

**Assessing Male Fertility** will be held on Saturday, December 15, from 8 a.m. to 3:30 p.m., in the Auditorium of the LVHC site. The objective of this program is to introduce practitioners to recently developed approaches to evaluation of male subfertility based on recent advances in sperm physiology.

The program will benefit obstetricians, gynecologists, urologists, andrologists, family practitioners, and other healthcare professionals interested in male fertility assessment.

**Diagnostic Imaging Update** will be held on Saturday, January 12, 1991, from 8:30 a.m. to 12:15 p.m., in the Auditorium of the LVHC site. At the completion of the program, participants will be able to identify the strengths, weaknesses, and appropriate strategies for each medical imaging modality.

For more information about the conferences listed above, contact Human Resource Development at 776-8322.

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(Continued from Page 5)

**National Medical Laboratory Week Symposium**

**Contemporary Topics in Laboratory Medicine** will be held in honor of National Medical Laboratory Week on Friday, April 12, 1991, in the Auditorium of the LVHC site. A registration fee of \$15 includes a reception immediately following the program.

For more information, contact Linda Krasley at 776-8155, Monday through Friday, between 9 and 11 a.m. Registration is limited to 200.

**Department of Pediatrics Conference**

**Retinopathy of Prematurity** will be presented by Robert E. Torti, M.D., T A H - - L V H C ophthalmologist, on Friday, December 14, at noon in the Auditorium of TAH site.

For more information, call Beverly Humphrey in the Department of Pediatrics at 778-2540.

**PHYSICIAN PRACTICE OPPORTUNITIES**

\* Physician rental space available in Allentown Medical Center, 401 N. 17th Street, Suite 306, Allentown. 1,350 square feet. Fully equipped and furnished. Immediate occupancy. Partnership interest also available.

\* Physician rental space available in Allentown Medical Center, 401 N. 17th Street, Suite 307, Allentown. 2,190 square feet. Fully equipped and furnished. Immediate occupancy. Partnership interest also available.

\* Specialty practice time-share space available in a comprehensive health care facility. Riverside Professional Center, 4019 Wynnewood Drive, Laurys Station. Half- or full-day slots immediately available.

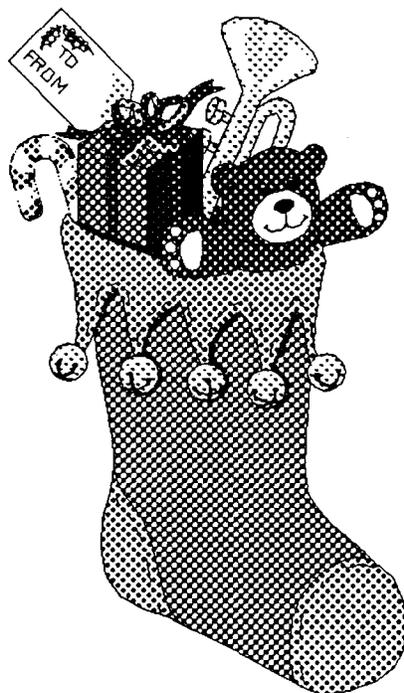
\* Kutztown Professional Center is planning a 5,500 square foot addition for Spring, 1991. Office suites available will include medical, dental, legal, and professional.

For more information on these practice opportunities, contact John W. Hart, Vice President, at 776-8968.

\* Office space available at 1111 N. 19th Street, Allentown. 1,080 square feet.

\* Office space available on Main Street in Northampton. First floor of modern professional building with off-street parking.

For more information, contact Joe Pilla, Physician Office Practice Support Rep, at 776-8225.



**WHO'S NEW**

The Who's New section of **Medical Staff Progress Notes** contains an update of new appointments, address changes, newly approved privileges, etc.

Please remember that each department or unit is responsible for updating its directory, rolodexes, and approved privilege rosters.

**Medical Staff**Appointments

Laura S. Kramer, D.O.  
Employee Health & Healthy  
Business  
1200 S. Cedar Crest Blvd.  
P.O. Box 689  
Allentown, PA 18105  
(215) 776-8869  
Department of Medicine  
Division of Internal Medicine  
Section of General Internal  
Medicine  
Provisional Courtesy

Paul J. Lynott, M.D.  
Joining Northampton Medical  
Associates, Inc.  
2014 Siegfried Avenue  
Northampton, PA 18067  
(215) 262-1519  
Department of Medicine  
Division of Family Practice  
Provisional Courtesy

Additional Privileges

John E. Castaldo, M.D.  
Department of Medicine  
Division of Neurology  
TCD Privileges

George I. Chovanes, M.D.  
Department of Surgery  
D i v i s i o n o f  
Neurosurgery/Trauma  
TCD Privileges

Robert J. Gary, M.D.  
Department of Surgery  
Division of Urology  
CO<sub>2</sub> & YAG Laser Privileges

Mark A. Gittleman, M.D.  
Department of Surgery  
Division of General Surgery  
L a s e r L a p a r o s c o p i c  
Cholecystectomy Privileges

Ismail Nabati, M.D.  
Department of Surgery  
Division of General Surgery  
Laparoscopic Cholecystectomy  
Privileges  
Endoscopy Privileges  
EGD Privileges  
Colonoscopy Privileges

Kamalesh T. Shah, M.D.  
Department of Surgery  
D i v i s i o n o f G e n e r a l  
Surgery/Trauma  
Laparoscopic Cholecystectomy  
Privileges

Nora A. Suggs, M.D.  
Department of Surgery  
Division of General Surgery  
Laparoscopic Cholecystectomy  
Privileges

Change of Status

Donald H. Gaylor, M.D.  
Department of Surgery  
Division of Cardio-Thoracic  
Surgery  
From Active to Courtesy

Jerome M. Grossinger, D.D.S.  
Department of Dentistry  
Division of Endodontics  
From Courtesy to Consulting

James C. Gruber, D.P.M.  
Department of Surgery  
Division of Orthopedic Surgery  
Section of Podiatry  
From Active to Consulting

Ronald A. Krisch, M.D.  
Department of Psychiatry  
From Active to Courtesy

George E. Moerkirk, M.D.  
Department of Emergency  
Medicine  
Division of Pre-hospital  
Emergency Medical Services  
From Active to Emeritus Active

Address Change

Sam Bub, M.D.  
619 Dalton Street  
Emmaus, PA 18049  
(215) 967-3646

Jay B. Lipschutz, D.O.  
Springhouse Professional Center  
Suite 202  
1575 Pond Road  
Allentown, PA 18104  
(215) 366-7770

Resignation of Chairmanship,  
Department of Obstetrics and  
Gynecology

Sze-ya Yeh, M.D.

Appointment of Interim  
Chairman, Department of  
Obstetrics and Gynecology

Ernest Y. Normington II, M.D.

Appointment of Assistant Vice  
Chairman, Department of  
Surgery

Michael Rhodes, M.D.

Resignations

John A. Handal, M.D.  
Department of Surgery  
Division of Orthopedic Surgery

Philip F. Warner, D.M.D.  
Department of Dentistry  
Division of General Dentistry

**Allied Health Professionals**

Appointment

Cathy Jo Leiby, R.N.  
Physician Extender  
Professional - R.N.  
Cardiovascular Associates, Inc.

Change of Supervising Physician

Julia A. Schriener  
Physician Extender  
Technical  
From James A. Sandberg, M.D.  
(Cardiology Associates) to Syed  
A. Subzposh, M.D.

Resignations

Adrienne J. Burns, PA-C  
Physician Extender  
Physician Assistant  
PA-C  
Panebianco-Yip Heart Surgeons

Nancy P. Ehle, R.N.  
Physician Extender  
Professional - R.N.  
Cardiology Associates of Lehigh  
Valley

Shirley B. Reeve, L.P.N.  
Physician Extender  
Professional - L.P.N.  
Cardiovascular Associates

Robert A. Wimmer, PA-C  
Physician Extender  
Physician Assistant  
PA-C  
Panebianco-Yip Heart Surgeons



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Medical Staff Progress Notes is published monthly to inform TAH-LVHC Medical Staff and employees of important issues concerning the Medical Staff. Articles should be submitted to Janet M. Laudenslager, Coordinator, Physician Office Practice Support, Medical Affairs/POP Office, TAH site, by the first of each month.

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**I. POLICY**

It is essential that a transfusion consent form be obtained from all patients who are capable of giving consent or from a person authorized to consent on the patient's behalf prior to the patient receiving blood. If possible, this consent should be obtained in the physician's office prior to admission.

If an emergency exists, consent is not required to transfuse blood to a patient. However, a reasonable effort should be made to obtain consent in all cases. If consent is unable to be obtained for any reason the patient's medial record should state in detail the efforts pursued, the nature of the threat to life or health including its immediacy and magnitude.

All original consent forms will become part of the patient's medical record.

**II. SCOPE**

All hospital employees and Medical Staff

**III. DEFINITIONS - N/A**

**IV. PROCEDURE**

**Action**

**Responsibility**

- |    |  |                        |
|----|--|------------------------|
| A. | The policies and procedures outlined in the Consent Administrative Policy Number 2100.00 apply to the Blood Transfusion Consent.   | Physician              |
| B. | Transfusion Consent/Refusal Form will be obtained by the physician who has ordered the transfusion or his/her designee. The individual obtaining consent should explain the risks, complications, benefits and alternatives to transfusion as outlined in the Patient Information for Blood Transfusion Sheet and the Physician Information for Blood Transfusion Sheet. | Physician/<br>Resident |
| C. | The signature of a witness may be obtained. The witness is witnessing the patient's signature only.  | Physician/<br>Nurse    |

ActionResponsibility

- D. If the patient is unable to sign because of physical or mental incompetence or the patient is a minor, consent must be obtained from the person authorized to consent on behalf of the patient. Physician
- E. In some cases, it may be necessary to secure consent via the telephone. The consent procedure must be heard by one person other than the physician. The consent form should indicate that it is a telephone consent and the person who gave consent. The person listening to the conversation will sign the witness line. Physician/  
Nurse
- F. The consent/refusal for transfusion of blood and/or blood products must be signed by the patient prior to receiving that blood and/or blood product. It is preferable to have the consent/refusal for transfusion signed before a type and screen or a type and cross match for blood is ordered. However, blood should be drawn for a type and screen or a type and cross match whether or not the consent is known to be signed. Physician
- G. The consent form should ideally be signed in the physician's office when discussing the surgical procedure and the possible need for blood. When the consent form is signed in the physician's office, it is to be considered valid for 60 days prior to admission to the hospital. Physician
- H. The consent form should be signed prior to sedating the patient. Physician
- I. During a single admission, the consent for blood transfusion needs to be signed one time. Physician
- J. When used in the outpatient settings, i.e. Hemophilia Treatment Center, Oncology Clinic, the Blood Transfusion Consent form should be considered valid for one year. Nurse  
Administrvve  
Director

**Action**

**Responsibility**

- K. When patients are transferred between The Allentown Hospital and the Lehigh Valley Hospital sites, a xeroxed copy of the consent form is considered valid and should become part of the receiving hospital's medical record. Nursing
- L. Prior to surgery, when a patient has had ordered a type and screen or a type and cross match for blood, and the consent/refusal form is not signed the patient will not be sent to the operating room until consent has been obtained. Nursing
- M. If the patient is going for an operative procedure and the attending physician does not feel it necessary to order a type and screen or a type and cross match for blood, a consent/refusal form for transfusion is not necessary. Physician

**V. ATTACHMENTS**

- A. Consent for Transfusion of Blood and/or Blood Products - Refusal of Transfusion of Blood and/or Blood Products # MRD - 31.
- B. Physician Information of Blood Transfusion # LAB - 51.
- C. Patient Information for Blood Transfusion # LAB - 52.

**VI. DISTRIBUTION**

Administrative Policy Manual  
All Departments

**VII. APPROVAL**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
President & CEO  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
President, Medical Staff  
Title

\_\_\_\_\_  
Date

ADMINISTRATIVE POLICY # 6301.00

SECTION CLINICAL SERVICES

SUBJECT Transfusion Consent

PAGE 4 OF 4

**VIII. DATES**

Origination: 12/90  
Last Review: N/A  
Next Review: 12/91

**IX. RESPONSIBILITY OF POLICY**

Transfusion Review Committee

IN COORDINATION WITH

Transfusion Service

# The Allentown Hospital— Lehigh Valley Hospital Center

A HealthEast Hospital

TAH SITE     LVHC SITE

## CONSENT FOR TRANSFUSION OF BLOOD AND/OR BLOOD PRODUCTS

1. I have been informed by Dr. \_\_\_\_\_ that circumstances may arise during inpatient/outpatient treatment at The Allentown Hospital—Lehigh Valley Hospital Center that may make it necessary to administer blood and/or blood products to me. I have reviewed the "Patient Information for Blood Transfusion" information.
2. The risks and adverse consequences of accepting blood and/or blood product transfusions as well as the risks and consequences of refusing to accept blood and/or blood product transfusions have been explained to me.
3. I understand that there are no warranties of any kind, express or implied, of merchantability, fitness, quality or otherwise made in connection with the transfusion of blood and/or blood products.
4. I acknowledge that I have been given an opportunity to ask any questions that I might have concerning the risks of accepting or refusing the transfusion of blood and/or blood products.

I hereby consent to permitting authorized members of the hospital staff to administer blood and/or blood products and such additional transfusions as may be deemed advisable by my doctor.

\_\_\_\_\_  
Witness to Signature

\_\_\_\_\_  
Signature of Patient

A.M.  
P.M.  
Time

\_\_\_\_\_  
Second Witness to Signature (two witnesses are required if Patient signs by making a mark "X")

\_\_\_\_\_  
If Patient is a minor or is incapable of consenting, signature of nearest relative or legal guardian, or one legally entitled to consent.

Relationship: \_\_\_\_\_

PHYSICIAN'S CERTIFICATION: I have discussed the information outlined in the above Consent Form with the Patient and answered all the Patient's questions. Following our discussion, the Patient signed this Form in my presence. It is my opinion that the Patient understood all of the matters discussed on this date.

\_\_\_\_\_  
Signature of Attending Physician

\_\_\_\_\_  
Date

A.M.  
P.M.  
Time

**The Allentown Hospital—  
Lehigh Valley Hospital Center**

A HealthEast Hospital

TAH SITE     LVHC SITE

**REFUSAL  
FOR TRANSFUSION OF BLOOD  
AND/OR BLOOD PRODUCTS**

I, \_\_\_\_\_, refuse to consent to the transfusion of blood and/or blood products. I acknowledge that I have been informed and fully understand the risks and dangers, which may or can result from this refusal. I further understand that this refusal will probably result in adverse consequences, including death.

I release the physicians, The Allentown Hospital—Lehigh Valley Hospital Center, its employees, agents and representatives from any and all liability which could occur as a result of this refusal.

\_\_\_\_\_  
Witness to Signature

\_\_\_\_\_  
Signature of Patient

A.M.  
P.M.  
Time

\_\_\_\_\_  
Second Witness to Signature (two witnesses are required if Patient signs by making a mark "X")

\_\_\_\_\_  
If Patient is a minor or is incapable of consenting, signature of nearest relative or legal guardian, or one legally entitled to consent.

Relationship: \_\_\_\_\_

PHYSICIAN'S CERTIFICATION: I have discussed the information outlined in the above Consent Form with the Patient and answered all the Patient's questions. Following our discussion, the Patient signed this Form in my presence. It is my opinion that the Patient understood all of the matters discussed on this date.

\_\_\_\_\_  
Signature of Attending Physician

\_\_\_\_\_  
Date

A.M.  
P.M.  
Time

TAH SITE  
 LVHC SITE

## PHYSICIAN INFORMATION FOR BLOOD TRANSFUSION

With the advent of increased medical and legal risks for patients receiving blood transfusions, it is essential that physicians ordering blood transfusions thoroughly advise patients of the potential risks involved. In emergency situations where the patient cannot complete the form, then the treatment note in the medical record indicating the number of units transfused should suffice as Informed Consent cannot be secured after the fact.

Physicians obtaining Informed Consent should set aside ample time to meet with the patient and/or parent/guardian to advise them of risks and alternatives, and answer any questions prior to obtaining the signature on the consent form. The patient will have already received a Patient Information for Blood Transfusion form (LAB-52) which should answer most questions that they may have.

Patient and/or parent/guardian should be informed of the following information relating to the risks of blood transfusion:

- The possibility of needing a transfusion.
- Approximate number of blood transfusions that can be expected during the course of the medical treatment.
- Type of blood used and risk of each type.
- An understanding of what medical action is recommended.
- The associated risks and benefits of transfusion.
- Alternative methods of therapy available including pre-deposit autologous transfusion, and directed donation.
- The possible consequences of not receiving the recommended therapy.
- An opportunity for the patient and/or parent/guardian to ask questions.

Lastly, have the patient and/or parent/guardian sign the consent form if he/she decides to proceed with the transfusion.

In describing and explaining the risks of a blood transfusion, the information contained below should be useful. It should be noted that the incidence, as pointed out below, is very close approximation from the literature as it exists today. Hopefully, we will be able to update these if significant changes take place in the future.

The risks may be immediate or long-term, and include both immunologic and infectious disease consequences. Areas of particular importance are:

1. Hemolytic transfusion reaction. Normal incidence is 1 in 6,000 with a fatal incidence being 1 in 100,000.
2. Transmission of infectious disease. Incidence for HIV infection—1 in 50,000. For Hepatitis NIH Study—1 in 500.
3. Febrile reactions. Incidence 1 in 100.
4. Allergic reaction. Incidence 1 in 300.
5. Circulatory overload reactions.
6. Bacterial contamination.
7. Air embolism.
8. Iron overload.
9. Blood clotting difficulties.
10. Immune problems such as antibody formation.
11. Microaggregates.
12. Metabolic complications.

The accompanying Patient Information Sheet for Blood Transfusions cover most of the above items and should be discussed with each patient and/or patient/guardian along with any additional risks that you feel should be addressed.

In regards to autologous transfusion as an alternative to "community blood" please explain this option and clearly inform patients that this is an acceptable and desirable alternative if the patient meets the screening requirements and is a suitable candidate. You, in concert with the Blood Bank Medical Director, make the decision.

It should also be pointed out that directed donations as an alternative to "community blood" and autologous transfusion, is an alternative that is offered at The Allentown Hospital—Lehigh Valley Hospital Center. While this service is offered, we do not encourage it because the literature has not shown that this is a significantly safer alternative than the "community blood" that is available.

**PATIENT INFORMATION  
FOR BLOOD TRANSFUSION**

- TAH SITE  
 LVHC SITE

**YOU ARE A POTENTIAL CANDIDATE FOR A BLOOD TRANSFUSION:**

A blood transfusion is a treatment where someone receives blood or one of its components (parts) which has been drawn from a volunteer donor. Blood transfusions are used to replace blood lost: in accidents, injury or during surgery. Also blood can be used for medical conditions in which there is not sufficient production of blood. Surgical procedures account for about 60% of the blood used every year in this country. Blood may also be used in cases of severe shock and in the treatment of certain diseases.

A pint of blood drawn from a donor is called whole blood. This unit can be separated into components or parts which may be used to treat specific blood disorders, illnesses, or blood loss from accidents or surgery. Some of the components include: red blood cells, fresh plasma, platelets, and cryoprecipitate.

**BLOOD GROUPS:**

There are numerous blood groups. The most important is the ABO group which can be divided into four types: O, A, B, AB. These types are inherited from each parent. The Rh factor or type is another inherited factor on the red blood cells. The presence or absence of this factor determines whether red cells are classified as Rh positive or Rh negative. The ABO and Rh blood groups are routinely used when typing and matching blood for transfusion.

**MEASURES TAKEN TO ASSURE SAFETY OF BLOOD COMPONENTS  
AND TO PROTECT THE PATIENT WHO RECEIVES BLOOD:**

Blood donors are carefully interviewed to obtain detailed medical history. The purpose of this donor screening process is to exclude those donors who are at risk of having infectious diseases or illnesses that might be transmitted to the person receiving the blood.

The donor's blood is tested at each donation to determine the ABO and Rh type, for the presence of antibodies and for diseases such as Hepatitis, Syphilis, and HIV (AIDS—Acquired Immune Deficiency Syndrome).

Prior to transfusion, the person receiving the blood is tested for the presence of antibodies which could cause an antigen-antibody reaction to the transfused blood. Also, an individual's blood is tested with a sample of the donor unit as a further safeguard.

Even with prior testing of the blood, problems may develop during the transfusion. Because of this, the patient receiving the blood is carefully watched and monitored to treat any problems that may develop.

**SOURCES OF RISK:**

There are many possible sources of risk to the person receiving the blood. Although they do not occur often, some of these include bacterial contamination, the patient receiving the wrong unit of blood, technical errors, clerical errors or physical damage to the blood during storage. Other reactions to transfusion can include hives, itching, chills, back pain, wheezing, and other breathing problems.

Although infrequent, the most important and difficult problem is the transmission of infectious diseases from the blood donor to the recipient. The principle diseases known to be transmitted by blood are viral diseases such as the various forms of Hepatitis, HIV, Human T-Cell Leukemia Virus and Cytomegalovirus. There have also been reported cases of Syphilis and Malaria.

The disease transmission is controlled to a high degree by the careful screening of donors through medical history and testing. The viral disease detection cannot be 100%. This is due to the incubation time, which is the time between getting infected and being able to detect the presence of the disease by a laboratory test. This is the time period when a donor is often physically normal, but considered a "silent" carrier of the virus. Also the laboratory test is not 100% foolproof.

Blood and blood components can be contaminated with the HIV virus. This happens when a person carrying the HIV virus donates blood. However, since the Spring of 1985, a blood test is done on every unit of donated blood to determine if the HIV virus antibody is present. If the antibody is detected in the blood, the blood is not used. This has made all blood and blood components much safer to receive.

The safest blood you can receive is your own (called Autologous Donation). For this and other alternatives, ask your doctor.