PROCEDURES: I authorize the Attending Physician and their associates to admit my infant/child to the Special Care Nursery/Pediatric Area and provide appropriate medical care. Such care may include, but is not limited to, mechanical ventilation, intravascular access, chest tube insertion, vascular catheters and other related medical therapies and care.

As interventions become necessary, the above-mentioned M.D. or associates will discuss them with me.

I understand that services such as blood transfusions, x-rays and laboratory services may be necessary.

I voluntarily agree to allow my infant/child to be placed in restraints when required to support his/her medical care.

SIGNATURES:

Patient's legal representative and relationship to patient

DATE:

Informant and printed name or informant

Tutor or witness (if patient's legal representative cannot sign)

BLOOD TRANSFUSION OPTIONS:

BLOOD TRANSFUSIONS: For purposes of this consent, Antillogous Blood (using own blood) is not an option for the neonatal patient.

DONOR BLOOD: Your infant/child's physician will be responsible for determining if your infant/child requires a blood transfusion. If a transfusion is required prior to 72 hours, it will be considered an emergency and the blood transfusion option discussed in this consent will not apply.

# AUTOLOGOUS BLOOD USING YOUR OWN BLOOD

Option

PREGNANT DONATION

Donating your own blood before surgery

Intraoperative autologous transfusion

Recycling your own blood during surgery

Postoperative autologous transfusion

Donating your own blood after surgery

# DONOR BLOOD: USING SOMEONE ELSE'S BLOOD

Option

Volunteer blood donation

From the community blood bank

Designated donor blood

From donor you select

ADVANTAGES

Disadvantages

Deaths of patients requiring surgery, blood clotting or after surgery

Advantages

Disadvantages

Requires advance planning. May delay surgery. Medical conditions may prevent pre-donation.

Infection from donor's blood

Infection transmission

Risk of disease transmission such as Hepatitis, AIDS, etc.

Please read the reverse side of this information sheet before making decision.

Patient does not (circle one) understand English.

I have translated the information given by the physician(s) to the patient, and all of the patient's questions were answered.

Signature of Interpreter:

I have read the information above and on the reverse side and have advised my physician of my choices.

Signature

Relationship

Date

M.D.

I have given the patient the opportunity to discuss this information with me.

SPECIAL CARE NURSERIES/PEDIATRIC ADMISSION AUTHORIZATION AND BLOOD TRANSFUSION OPTIONS