

Edward-Elmhurst Cancer Centers

120 Spalding Drive; Suite 111; Naperville, IL 60540
Phone: 630/646-2273 Fax: 630/548-6617

24600 W. 127th Street; Plainfield, IL 60585
Phone: 630/646-2273 Fax: 630/548-6617

177 E. Brush Hill Road; Elmhurst, IL 60126
Phone: 630/646-2273 Fax: 331/221-3887

BLOOD TRANSFUSION ORDER FORM

Patient Name: _____ DOB: _____

Recent Lab Data: _____

Diagnosis (ICD-10 Required): _____

ORDER INFORMATION (Check One)

Type and Screen Type and Cross

Check Desired Product and Indicate Quantity:

Packed cells: ____ # Units Platelets: ____ # Units

Is the patient initiating or receiving Daratumumab (Darzalex) chemotherapy? If so, please contact charge nurse at Cancer Center (Naperville: 630-646-8231; Plainfield: 815-731-8019)

TRANSFUSION INSTRUCTIONS

Date of Transfusion: _____ Location of Transfusion: Naperville Plainfield

Transfuse each product over ____ hours Premedication: Tylenol 650mg po
 Benadryl 25mg po
 Other: _____

BLOOD PRODUCT ORDERS AND INDICATIONS

Red Blood Cells (Check ONE Indication)

- Symptomatic anemia with Hgb \leq 7g/dL
- Coronary syndrome with Hgb \leq 9g/dL
- Symptomatic anemia with sepsis, CAD or decreased O₂, with Hgb \leq 10g/dL
- Active bleeding

Platelets (Check ONE Indication)

- Plt count \leq 20,000/uL
- Plt count \leq 50,000/uL w/ major surgery, active bleed, or invasive procedure
- Plt count \leq 100,000/uL w/ neuro or ophtho surgery

*****Check ONE Indication if needed

OR

Not Applicable*****

Leukocyte Reduced (Red Blood Cells and Platelet ONLY)

Gamma Irradiated (Red Blood Cells and Platelet ONLY)

- Bone marrow or stem cell candidate/recipient
- Cardiothoracic surgical procedure with pulmonary bypass
- Hematologic malignancy
- Hemoglobinopathy or other chronic hemolytic anemia
- Immunosuppressive chemotherapy or bone marrow failure states
- Severe, repeated febrile transfusion reactions

- Bone marrow or stem cell candidate/recipient
- Hematologic malignancy
- High dose chemotherapy or immunosuppression
- HLA-matched RBC and all directed donors
- T-cell immunodeficiency

Saline Washed (Red Blood Cells ONLY)

- Previous anaphylactic transfusion reaction
- Repeated severe cytokine transfusion reaction
- Selective IgA deficiency

In the event of a hypersensitivity reaction during the transfusion, we will implement the reaction protocol. A designated nurse practitioner will evaluate your patient and your office will receive notification of the event.

In the event that your patient has a central line, it will be used per the Cancer Center protocol, unless otherwise directed.

Physician Signature: _____ **Date:** _____

Ordering Physician NPI: _____

Edward Hospital NPI: 1427069632

Elmhurst Hospital NPI: 1548306343

Physician Name (Please Print)

Office Phone

Fax Number

Revision/Review Date: 07/01/2021