

Edward Cancer Centers

120 Spalding Drive; Suite 111; Naperville, IL 60540
Phone: 630/527-3788 Fax: 630/548-6617

24600 West 127th Street; Plainfield, IL 60585
Phone: 630/527-3788 Fax: 630/548-6617

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

