

**Edward-Elmhurst Cancer Centers**

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

24600 W. 127<sup>th</sup> 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) or isatuximab-irfc (Sarclisa) 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:**  **Elmhurst**  **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 O<sub>2</sub>, 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)**

- |   |   |
|---|---|
| <input type="checkbox"/> Bone marrow or stem cell candidate/recipient                 | <input type="checkbox"/> Bone marrow or stem cell candidate/recipient |
| <input type="checkbox"/> Cardiothoracic surgical procedure with pulmonary bypass      | <input type="checkbox"/> Hematologic malignancy                       |
| <input type="checkbox"/> Hematologic malignancy                                       | <input type="checkbox"/> High dose chemotherapy or immunosuppression  |
| <input type="checkbox"/> Hemoglobinopathy or other chronic hemolytic anemia           | <input type="checkbox"/> HLA-matched RBC and all directed donors      |
| <input type="checkbox"/> Immunosuppressive chemotherapy or bone marrow failure states | <input type="checkbox"/> T-cell immunodeficiency                      |
| <input type="checkbox"/> Severe, repeated febrile transfusion reactions               |   |

**Saline Washed (Red Blood Cells ONLY)**

- |  |   |
|--|---|
| <input type="checkbox"/> Previous anaphylactic transfusion reaction    | <input type="checkbox"/> Selective IgA deficiency |
| <input type="checkbox"/> Repeated severe cytokine transfusion reaction |   |

**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: <u>1427069632</u>
	Elmhurst Hospital NPI: <u>1548306343</u>

_____ Physician Name (Please Print)	_____ Office Phone	_____ Fax Number
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Revision/Review Date: 11/2023