



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:  Naperville  Elmhurst  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)**

- 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

**Gamma Irradiated (Red Blood Cells and Platelet ONLY)**

- 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: \_\_\_\_\_ Swedish Hospital NPI: 1831151257

\_\_\_\_\_  
Physician Name (Please Print) Office Phone Fax Number

Revision/Review Date: 12/24