



Print Patient Name (Required)

DOB

Height (cm):
Weight (kg):
BSA (m2):
Allergies:

Place Patient Barcode Here

Albumin 25% Infusion

Admit to: Diagnosis: Infusion Date:

- Port Broviac PICC Place Peripheral IV Topical anesthetic per protocol
Normal Saline/Heparin Flush per protocol

Premedications

- Acetaminophen = mg PO (max dose 1000 mg) Other:
Diphenhydramine = mg IV or PO (max dose 50 mg)

Albumin 25% grams IV once over hours
Furosemide mg IV hours into infusion and furosemide mg IV at the end of the infusion

Nursing Orders

- Weigh patient prior to and after infusion.
Measure abdominal girth before and after infusion
Monitor Vital Signs Q15 minutes X2 and then Q30 minutes until completion.
Obtain the following labs with IV or central line access prior to the start of infusion:
CBC CMP BMP ALT AST Other:
IGG IGG/IGA/IGM Urine Protein/Creatinine ratio UA
Call labs prior to starting infusion \*\*Fax all lab results to ordering provider\*\*
Discharge once infusion completed Discharge 30 minutes post infusion

PRN medications:

- Ibuprofen (10 mg/kg) = mg (Max 800 mg) PO once prn mild pain/temp > 100.4 (call for fever prior to giving)
Acetaminophen (15 mg/kg) = mg (max 650 mg) PO once prn mild pain/temp > 100.4 (call for fever prior to giving, must wait at least 4 hrs from any prior dose)
Ondansetron (0.15 mg/kg) = mg (max 8 mg) IV once prn nausea

Medications for allergic reaction (hives/itching/flushing, etc):

If allergic reaction occurs, call ordering provider immediately and give all medications ordered below. Do not delay administering medications on provider response. If ordering provider does not respond in 15 minutes call a Code Blue.

- Diphenhydramine (1mg/kg) = mg (Max 50 mg) IV or PO once (must wait at least 4 hrs from any prior dose)
Famotidine (0.5 mg/kg) = mg (max 20 mg) IV once
Methylprednisolone (2 mg/kg) = mg (max 60 mg) IV once (must wait 6 hours from any prior steroid dose)

For Anaphylaxis (Call a Code Blue):

- < 10 kg: Epinephrine 1 mg/mL (0.01 mg/kg) = mg IM once
10 to < 25 kg: Epinephrine 0.15 mg auto-injector (EpiPen Jr.) IM once
≥ 25 kg: Epinephrine 0.3 mg auto-injector (EpiPen) IM once

Orders good until this date: Infusion Frequency:

Provider's Signature: Date: Time:

