|  |  |
| --- | --- |
| **Patient:****Albumin 25%****(albumin human 25%)** | **DOB:**  |
| \*\*check appropriate box\*\***\*\*All orders with ☒ will be placed unless otherwise noted\*\*** |
| **ICD 10/Primary Diagnosis:**  | **ICD10/Secondary Diagnosis:** |
| **Height:** | **Weight:** | **Allergies:** |
| **Infusion Therapy**  | **Frequency** |
| Albumin: 25% (albumin human 25 % bottle)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ grams  | [ ]  Weekly[ ]  Every 2 weeks[ ]  Post paracentesis x \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ infusion(s)[ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Supportive Medication** [ ]  **NO SUPPORTIVE MEDICATION REQUIRED** |
| **Medication** | **Dose** | **Route** | **Time** | **Medication** | **Dose** | **Route** | **Time** |
| [ ]  Lasix (furosemide) |  |  |  |[ ]   |  |  |
| [ ]  Bumetanide (bumex) |  |  |  |[ ]   |  |  |
| **PRN EMERGENCY MEDS:**[x]  Per Facility protocol[ ]  Provider requested Emergency Medication\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Labs** |
| **Labs to be drawn by facility over treatment course:**  [ ]  **NO LABS REQUIRED** |
| **LAB** | **FREQUENCY** | **LAB** | **FREQUENCY** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Nursing Communication/Orders** |
| * Obtain vital signs PRE- and POST-treatment. Obtain vital signs PRN during treatment.
* Monitor for any signs of reaction for 30 minutes AFTER 1st treatment and subsequent treatments PRN IF previous signs of reaction observed.
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