|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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:**  Per Facility protocol  Provider requested Emergency Medication  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| **Labs** | | | | | | | | | | | |
| **Labs to be drawn by facility over treatment course:**   **NO LABS REQUIRED** | | | | | | | | | | | |
| **LAB** | | | **FREQUENCY** | | | **LAB** | | | **FREQUENCY** | | |
|  | | |  | | |  | | |  | | |
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|  | | |  | | |  | | |  | | |
| **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. | | | | | | | | | | | |