



Print Patient Name (Required)

DOB

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

Place Patient Barcode Here

Albumin Infusion

Admit to: Diagnosis: Infusion Date:
Port Broviac PICC Peripheral
Normal Saline/Heparin flush per protocol
Topical anesthetic per protocol
Premedication
Acetaminophen = mg PO (max dose 1000 mg)
Diphenhydramine = mg IV or PO (max dose 50 mg)
Other:

Albumin 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.
Report any concerning changes in status or vital signs.
Regular diet for patient age.
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:
Diphenhydramine (1mg/kg) = mg IV or PO once prn itching
Acetaminophen (15mg/kg) = mg PO once prn mild pain/temp>100.4 (call for fever prior to administering)

Orders good until this date:

Provider's Signature: Date: Time:

Printed Name:

