



LOWER UMPQUA HOSPITAL  
OUTPATIENT NURSING DEPARTMENT  
600 Ranch Road, Reedsport, OR 97467  
Phone: (541) 271-2163 | Fax: (541) 271-4058

## Albumin Infusion for Paracentesis

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_  
Patient Phone # \_\_\_\_\_ Patient Weight (Kg) \_\_\_\_\_ Patient Height (cm): \_\_\_\_\_  
Patient Allergies \_\_\_\_\_  
Provider \_\_\_\_\_ NPI# \_\_\_\_\_  
ICD-10 Code (REQUIRED) \_\_\_\_\_ J Code \_\_\_\_\_  
Primary Diagnosis \_\_\_\_\_  
Secondary Diagnosis \_\_\_\_\_  
Duration (or # of treatments): \_\_\_\_\_ Anticipated Infusion Date \_\_\_\_\_

### INSTRUCTIONS TO PROVIDER:

- **Allow 2 business days** for request to be processed.
- **Please ensure insurance authorization has been initiated.**
- Lab orders should NOT be included on this form – place orders via usual method. **Lab monitoring is the responsibility of the ordering Provider.**
- This plan will expire **after 365 days**, at which time new orders will need to be placed.

### ORDERING GUIDELINES:

- ☒ Send **FACE SHEET** and **H&P** or most recent chart note

### TREATMENT PARAMETERS:

- ☒ For **less than** 5 liters of ascitic fluid removed, do **NOT** give **albumin 25%**.  
For 5 liters or more ascitic fluid removed, give **albumin 25%** as described in the order below.

### MEDICATIONS:

- ☒ **albumin solution 25%**, IV, infuse at 100 mL/hour

**Dosing** - {Indicate below} round dose to nearest 6.25 grams increment.  
**{MAXIMUM = 50 grams per dose}:**

- ☐ Administer 6.25 grams/25 mL for every liter of ascitic fluid removed after 5 liter(s)

Other: \_\_\_\_\_

### **Interval {Check ONE}**

- ☐ Once  
☐ Every visit with each paracentesis

Other: \_\_\_\_\_

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Date \_\_\_\_\_ Time \_\_\_\_\_ Provider Signature \_\_\_\_\_

"Statement of Responsibility of Parties: referring Prescriber agrees that in referring patients to Lower Umpqua Hospital Outpatient Nursing Department, the responsibility for the care related to these Outpatient Nursing Therapy Plan orders, as well as administration of any 340B drugs, remains with Lower Umpqua Hospital."



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### PRN MEDICATIONS:

Other: \_\_\_\_\_

### HYDRATION / MAINTENANCE TKO:

☐ **0.9% sodium chloride** 25 mL/hour IV x 1 PRN flush/hydration/main bag/TKO

### LINE CARE MAINTENANCE:

- ☒ Follow facility policies/procedures for all vascular access maintenance with appropriate flush solutions, de-clotting (Alteplase), and/or dressing changes
- ☒ **alteplase (CATHFLO ACTIVASE)** injection 2 mg/2 mL intra-catheter x 1 PRN de-clotting x 2 doses
- ☒ **heparin, porcine - Preservative Free (PF)** 100 units/mL IV syringe 500 units intra-catheter x 1 PRN line care
- ☒ **0.9% sodium chloride** 10 mL IV flush PRN as needed
- ☒ If applicable, may remove PICC line at the completion of course of therapy

### EMERGENCY MEDICATIONS FOR HYPERSENSITIVITY / INFUSION REACTION:

- ☒ If hypersensitivity or infusion reactions develop, temporarily hold the infusion and notify provider immediately.
- ☒ **0.9% sodium chloride** infusion, 200 mL/hour, IV, continuous PRN hypersensitivity/infusion reaction
- ☒ **acetaminophen (TYLENOL)** tablet 650 mg, PO, Q4HRS PRN hypersensitivity/infusion reaction
- ☒ Oxygen Therapy, low-flow, nasal cannula at 2 Liters/minute, may wean flow to discontinuation. SpO2 Goal – **greater than/equal to 92%**, PRN hypersensitivity/infusion reaction
- ☒ **diphenhydramine (BENADRYL)** injection 25 mg IV x 1 PRN hypersensitivity/infusion reaction; **{Maximum of 3 doses}**
- ☒ **famotidine (PEPCID)** 20 mg IV, x 1 PRN hypersensitivity/infusion reaction; IV push over at least 2 minutes
- ☒ **hydrocortisone (SOLU-Medrol)** 125 mg IV x 1 PRN hypersensitivity/infusion reaction
- ☒ **albuterol (PROVENTIL)** nebulizer solution 2.5 mg/3 mL, nebulization x 1 PRN wheezing, hypersensitivity/infusion reaction
- ☒ **epinephrine (ADRENOLIN)** injection 0.3 mg/0.3 mL IM x 1 PRN anaphylaxis, hypersensitivity / infusion reaction

Date \_\_\_\_\_ Time \_\_\_\_\_ Provider Signature \_\_\_\_\_

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