

UMC Health System ALBUMIN PLAN	Patient Label Here
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PHYSICIAN ORDERS

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
	<p>Crystalloid and colloid may be used to maintain normovolemia or hypervolemia as follows:</p> <p>Aneurysmal Subarachnoid Hemorrhage (SAH): Total fluids should be adjusted to maintain target CVP of 6 to 8 to decrease risk of vasospasm. If delayed vasospasm occurs, hypervolemia should be induced to maintain CVP goal of 8 to 12.</p> <p>For acute ischemic stroke or TIA, use albumin if there is evidence of flow failure.</p> <p>albumin human (albumin human 5% intravenous solution) <input type="checkbox"/> 12.5 g, IVPB, ivpb, q2h, PRN other, CV ischemia/hemorrhage- triple H therapy To be administered as instructed by provider for maintaining volume status.</p>
	<p>Cardiac Surgery Postoperative Volume Resuscitation</p> <p>Replace volume as clinically indicated with 5% albumin in early post-op period (up to 3 hrs). If large volumes are required, change to normal saline after 1,500 mL of albumin have been given.</p> <p>albumin human (albumin human 5% intravenous solution) <input type="checkbox"/> 12.5 g, IVPB, ivpb, q2h, PRN hypovolemia, Card Surg (post-op volume resuscitation) For volume up to _____ mL</p>
	<p>Thermal Injury</p> <p>Crystalloid solutions should be used for initial fluid resuscitation (within the first 24 hours). Colloids may be administered in conjunction with crystalloids if burn is greater than 50% BSA, 24 hours have passed since the burn occurrence, AND hypovolemia has not corrected with crystalloid alone. Initial dose of 25 grams of albumin (500 mL of 5% solution) is recommended; May be repeated one time.</p> <p>albumin human (albumin human 5% intravenous solution) <input type="checkbox"/> 12.5 g, IVPB, ivpb, q2h, PRN hypovolemia, x 4 dose, Thermal Injury</p>
	<p>Dialysis associated hypotension</p> <p>Albumin should only be used if fluid bolus fails or is contraindicated.</p> <p>albumin human (albumin human 25% intravenous solution) <input type="checkbox"/> 12.5 g, IVPB, ivpb, ONE TIME, Infuse over 1 hr, Dialysis associated hypotension <input type="checkbox"/> 25 g, IVPB, ivpb, ONE TIME, Infuse over 1 hr, Dialysis associated hypotension</p>
	<p>Other Indications</p> <p>If albumin is needed for an indication other than those listed, please identify it within the order comments field for indication on the order.</p> <p>albumin human (albumin human 5% intravenous solution) <input type="checkbox"/> 12.5 g, IVPB, ivpb, ONE TIME, Infuse over 1 hr, Other <input type="checkbox"/> 25 g, IVPB, ivpb, ONE TIME, Infuse over 1 hr, Other</p>
	<p>albumin human (albumin human 25% intravenous solution) <input type="checkbox"/> 12.5 g, IVPB, ivpb, ONE TIME, Infuse over 1 hr, Other <input type="checkbox"/> 25 g, IVPB, ivpb, ONE TIME, Infuse over 1 hr, Other</p>

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Order Taken by Signature: _____ Date _____ Time _____
 Physician Signature: _____ Date _____ Time _____