



PHYSICIAN ORDER SET :  
**ALBUMIN**

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Patient: \_\_\_\_\_

DOB: \_\_\_\_\_

Gender: \_\_\_\_\_

Patient Phone #: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

ICD-10 Code: \_\_\_\_\_

Treatment Start Date: \_\_\_\_\_

Provider Facility Name: \_\_\_\_\_

Provider Facility Address: \_\_\_\_\_

Ordering Provider: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

*Complete, Sign, and fax this document to: **CDH Central Scheduling at 413-582-2183***

**\*\*Please include H&P/current medications list/allergies, and ensure that med authorizations have been obtained\*\***

**Medications**

	Interval	Defer Until	Duration
<input type="checkbox"/> <b>albumin human 25% parenteral solution 25 g</b> 25 g, Intravenous, Once, Starting at treatment start time, For 1 Doses	Once		1 treatment

**Imaging**

	Interval	Defer Until	Duration
<input type="checkbox"/> <b>US Paracentesis Therapeutic</b> Routine, 1 time imaging, Starting when released. Release to patient: Immediate	Once		1 treatment

**Labs**

	Interval	Defer Until	Duration
<input type="checkbox"/> <b>CBC</b> Routine, Once, Starting when released	Once		1 treatment
<input type="checkbox"/> <b>PT-INR</b> Routine, Once, Starting when released	Once		1 treatment
<input type="checkbox"/> <b>LFTs (hepatic panel)</b> Routine, Once, Starting when released	Once		1 treatment
<input type="checkbox"/> <b>Comprehensive metabolic panel</b> Routine, Once, Starting when released	Once		1 treatment
<input type="checkbox"/> <b>PTT</b> Routine, Once, Starting when released	Once		1 treatment

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**Labs (continued)**
**Catheter management**

	Interval	Defer Until	Duration
<input type="checkbox"/> <b>Line Access</b> Routine, As needed, Starting when released, Until Specified <i>As needed. Until Specified. Insert peripheral IV, or access peripheral, or central venous access device, to provide treatment.</i>	PRN		Until discont'd
<input type="checkbox"/> <b>alteplase (CATHFLO) 1 mg/mL injection 2 mg</b> 2 mg, Intracatheter, As needed, line care, Starting when released. For central venous access device requiring clearance. May repeat once per lumen. For patients greater than 30 kg: 2 mg in mL using a 10 mL syringe. For patients less than or equal to 30 kg: instill a volume equal to 110% of the internal lumen of CVAD, not exceed 2 mg in 2 mL.	PRN		Until discont'd
<input type="checkbox"/> <b>lidocaine-prilocaine (EMLA) cream</b> Topical, As needed, apply prior to the PIV insertion or port access. Starting when released. For TOPICAL Use only. Allow at least 1 hour (mild dermal procedures) or at least 2 hours (major dermal procedures) for optimum therapeutic effect	PRN		Until discont'd
<input type="checkbox"/> <b>heparin 100 units/mL flush 5 mL</b> 5 mL, Intravenous, As needed, line care, Starting when released	PRN		Until discont'd
<input type="checkbox"/> <b>heparin 10 units/mL flush 3 mL</b> 3 mL, Intravenous, As needed, line care, Starting when released	PRN		Until discont'd
<input type="checkbox"/> <b>heparin 10 units/mL flush 5 mL</b> 5 mL, Intravenous, As needed, line care, Starting when released.	PRN		Until discont'd
<input type="checkbox"/> <b>heparin 1000 units/mL flush 2 mL</b> 2 mL, Intracatheter, As needed, line care, APHERESIS LINE CARE ONLY. HEPARIN MUST BE WITHDRAWN FROM EACH LUMEN PRIOR TO FLUSHING OR INFUSING THROUGH THE APHERESIS CATHETER, Starting when released	PRN		Until discont'd
<input type="checkbox"/> <b>sodium chloride (NS) 0.9 % syringe flush 3 mL</b> 3 mL, Intravenous, As needed, line care, Starting when released	PRN		Until discont'd
<input type="checkbox"/> <b>sodium chloride (NS) 0.9 % syringe flush 10 mL</b> 10 mL, Intravenous, As needed, line care, Starting when released	PRN		Until discont'd
<input type="checkbox"/> <b>sodium chloride (NS) 0.9 % syringe flush 20 mL</b> 20 mL, Intravenous, As needed, line care, Starting when released	PRN		Until discont'd
<input type="checkbox"/> <b>sodium chloride 0.9% infusion</b> 20 mL/hr, Intravenous, Continuous PRN, Keep vein open to provide treatment, Starting when released, For 24 hours	PRN		Until discont'd
<input type="checkbox"/> <b>D5W infusion</b> 20 mL/hr, Intravenous, Continuous PRN, Keep vein open to provide treatment, Starting when released, For 24 hours	PRN		Until discont'd
<input type="checkbox"/> <b>Provider and Nurse Communication</b> Routine, Once, Starting when released Treatment of SEVERE reaction (ANAPHYLAXIS): hypotension, throat swelling, wheezing, respiratory distress, or decreased oxygen saturation. Stop the infusion and treat with epinephrine FIRST. Notify provider and emergency personnel, administer oxygen as needed, monitor vital signs and proceed with administering adjunct HYPERSENSITIVITY medications as clinically indicated.	PRN		Until discont'd
<input type="checkbox"/> <b>sodium chloride 0.9% bolus 1,000 mL</b> 1,000 mL, Intravenous, Once as needed, Hypotension, Starting when released, For 1 dose	PRN		Until discont'd
<input type="checkbox"/> <b>Oxygen Therapy - Non-Rebreather</b> Routine Select a Mode of Therapy: Non-Rebreather Titrate Oxygen and used the most appropriate device to maintain Target Oxygen saturation during Activity/Titration: Yes Min SpO2 (%): 94	PRN		

**Hypersensitivity**

	Interval	Defer Until	Duration
<input type="checkbox"/> <b>Provider and Nurse Communication</b> Routine, Until discontinued, Starting when released. Until specified, Treatment for mild-moderate infusion reaction: Stop the infusion, notify provider and emergency personnel, administer oxygen as needed, monitor vital signs and proceed with administering medications as clinically indicated. If ANAPHYLAXIS reaction, refer to Emergency Medications section.	PRN		Until discont'd

## Hypersensitivity (continued)

	Interval	Defer Until	Duration
<input type="checkbox"/> <b>albuterol (ACCUNEB) 2.5 mg/3 mL (0.082% nebulizer solution)</b> 2.5 mg, Nebulization, Once as needed, wheezing, shortness of breath, Starting when released, For 1 Dose	PRN		Until discont'd
<input type="checkbox"/> <b>acetaminophen (TYLENOL) tablet 975 mg</b> 975 mg, Oral, Once as needed, fever, Starting at treatment start time, For 1 Doses	PRN		Until discont'd
<input type="checkbox"/> <b>diphenhydramine (BENADRYL) injection 25 mg</b> 25 mg, Intravenous, As needed, itching, hives or adjunct treatment for mild-moderate or SEVERE reaction, Starting when released, For 2 doses. Begin with 25 mg. If patient has continued reaction, administer additional 25 mg	PRN		Until discont'd
<input type="checkbox"/> <b>methylprednisolone sodium succinate (PF)(SOLU-Medrol) 40 mg</b> 40 mg, Intravenous, Once as needed, Adjunct treatment for mild-moderate, or SEVERE reaction, Starting when released, For 1 dose. To be administered along with H1 antihistamine and famotidine.	PRN		Until discont'd
<input type="checkbox"/> <b>famotidine (PEPCID) 20 mg in sodium chloride 0.9% 100 mL IVPB</b> 20 mg, Intravenous, Administer over 15 Minutes, at 400 mL/hr, Once as needed, Adjunct treatment for mild-moderate, or SEVERE reaction, Starting when released for 1 dose. To be administered along with H1 antihistamine and methylprednisolone. HOLD IF: give as premed.	PRN		Until discont'd
<input type="checkbox"/> <b>ondansetron (ZOFTRAN) injection 4 mg</b> 4 mg, Intravenous, As needed, nausea, vomiting, may repeat x 1 dose, Starting when released, For 2 doses	PRN		Until discont'd
<input type="checkbox"/> <b>cetirizine (Zyrtec) tablet 10 mg</b> 10 mg, Oral, Once as needed, allergies, Adjunct treatment for mild-moderate, or SEVERE reaction, Starting at treatment start time, For 1 dose. If patient unable to tolerate cetirizine, administer fexofenadine if available. HOLD IF: given fexofenadine	PRN		Until discont'd
<input type="checkbox"/> <b>fexofenadine (ALLEGRA) tablet 180 mg</b> 180 mg, Oral, Once as needed, allergies, Adjunct treatment for mild-moderate, or SEVERE reaction, Starting at treatment start time, For 1 dose. Administer only if unable to tolerate cetirizine. HOLD IF: give cetirizine.	PRN		Until discont'd

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