Corewell Health™

Patient Name
DOB
MRN
Physician
CSN

Physician's Orders
ALBUMIN FOR SOLID ORGAN TRANSPLANT - ADULT, OUTPATIENT, COREWELL HEALTH INFUSION CENTER

Defaults for orders not otherwise specified below:
- ☐ Interval: Every 7 days
- ☐ Interval: Every 14 days

Duration:
- ☐ Until date: ___________
- ☐ 1 year
- ☐ ______# of Treatments

Anticipated Infusion Date______________ ICD 10 Code with Description____

Height______________(cm) Weight_____________(kg) Allergies____

Provider Specialty
- ☐ Allergy/Immunology
- ☐ Cardiology
- ☐ Gastroenterology
- ☐ Genetics
- ☐ Infectious Disease
- ☐ Internal Med/Family Practice
- ☐ Nephrology
- ☐ Neurology
- ☐ OB/GYN
- ☐ Other
- ☐ Otolaryngology
- ☐ Pulmonary
- ☐ Rheumatology
- ☐ Surgery
- ☐ Urology
- ☐ Wound Care

Site of Service
- ☐ CH Blodgett (GR)
- ☐ CH Gerber
- ☐ CH Greenville
- ☐ CH Helen DeVos (GR)
- ☐ CH Lemmen Holton (GR)
- ☐ CH Ludington
- ☐ CH Pennock
- ☐ CH Reed City
- ☐ CH Zeeland

Appointment Requests

☑ Infusion Appointment Request
Status: Future, Expected: S, Expires: S+366, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after, Infusion and possible labs

Provider Ordering Guidelines

☑ ONC PROVIDER REMINDER 2
ALBUMIN:
CMP, BNP and CK must be drawn before each infusion.

If albumin level is less than 2.8 g/dL, patient will receive albumin infusion every week.

If albumin level is greater than or equal to 2.8 g/dL, patient will receive albumin infusion every other week.

Labs

☑ Comprehensive Metabolic Panel (CMP)
Status: Future, Expected: S, Expires: S+184, URGENT, Clinic Collect, Blood, Blood, Venous

☑ NT - Pro BNP (B Natriuretic Peptide) Blood Level
Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous

☑ Creatine Kinase (CK) Level
Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous

☐ ________ ☐ Every ____ days ☐ Once ☐ Until date: ______ ☐ 1 year ☐ ______# of Treatments

CONTINUED ON PAGE 2 ➔

NOTE: Epic Treatment/Therapy Plan Orders. To be scanned/attached to the appropriate Infusion Referral Order in Epic.

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Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.

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ALBUMIN FOR SOLID ORGAN TRANSPLANT - ADULT, OUTPATIENT, COREWELL HEALTH INFUSION CENTER *(CONTINUED)*

Nursing Orders (continued)

☑ ONC NURSING COMMUNICATION 2

Discontinue IV when infusion complete.

Discharge patient home when infusion complete.

☑ ONC NURSING COMMUNICATION 100

May Initiate IV Catheter Patency Adult Protocol

☑ Hypersensitivity Reaction Adult Oncology Protocol

Routine, Until discontinued Starting when released for 24 hours
HYPERSENSITIVITY REACTIONS:
Discontinue the medication infusion immediately.

Activate emergency response for severe or rapidly progressing symptoms. Where available consider calling RAP and have crash cart available. Call 911 or code team (if applicable) as needed for an absence of pulse and respirations. Refer to site specific emergency response policy.

Stay with patient until symptoms have resolved.

Initiate/Continue Oxygen to maintain SpO2 greater than 90% and discontinue Oxygen Therapy to maintain SpO2 above 90%

For severe or rapidly progressing hypersensitivity reaction symptoms, monitor vital signs and pulse oximeter readings every 2 to 5 minutes until the patient is stable and symptoms resolve.

Document medication infusing and approximate dose received at time of reaction in the patient medical record. Document allergy to medication attributed with causing reaction in patient medical record. Complete Adverse Drug Reaction form per Pharmacy Clinical Policy.

Treatment Parameters

☑ ONC MONITORING AND HOLD PARAMETERS 7

May proceed with treatment if albumin less than 2.8 g/dL.

Medications

☑ albumin human 25 % IV 125 g

125 g, Intravenous, Administer over 4 Hours, Once, Starting S, For 1 Doses

Labs - Monthly

	Interval	Duration
☐ Complete Blood Count w/Differential	☐ Every ___days	☐ Until date: ________ ☐ 1 year ☐ ______# of Treatments

Status: Future, Expected: S, Expires: S+184, URGENT, Clinic Collect, Blood, Blood, Venous

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Telephone order/Verbal order documented and read-back completed. Practitioner's initials ____________

NOTE: Unless Order is written DAW (dispense as written), medication may be supplied which is a generic equivalent by nonproprietary name.

TRANSCRIBED: TIME DATE	VALIDATED: TIME DATE	ORDERED: TIME DATE Pager #	
Sign	R.N. Sign	Physician Print	Physician Sign

EPIC VERSION DATE: 07/16/20

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