Spectrum Health

Patient Name
DOB
MRN
Physician
FIN

Physician's Orders
ALBUMIN FOR SOLID ORGAN TRANSPLANT - ADULT, OUTPATIENT, 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	☐ Infectious Disease	☐ OB/GYN	☐ Rheumatology
☐ Cardiology	☐ Internal Med/Family Practice	☐ Other	☐ Surgery
☐ Gastroenterology	☐ Nephrology	☐ Otolaryngology	☐ Urology
☐ Genetics	☐ Neurology	☐ Pulmonary	☐ Wound Care

Site of Service

☐ SH Gerber	☐ SH Lemmen Holton (GR)	☐ SH Pennock	☐ SH United Memorial
☐ SH Helen DeVos (GR)	☐ SH Ludington	☐ SH Reed City	☐ SH 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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ALBUMIN FOR SOLID ORGAN TRANSPLANT - ADULT, OUTPATIENT, 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

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

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