Physician’s Orders
ALBUMIN FOR SOLID ORGAN TRANSPLANT - ADULT, OUTPATIENT, INFUSION CENTER
Page 1 to 2

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)

- ☑ NT - Pro BNP (B Natriuretic Peptide) Blood Level

- ☑ Creatine Kinase (CK) Level

- ☐ ____________________________ ☑ Every ___ days ☑ Until date: __________
  □ Once
  □ 1 year
  □ _____ # of Treatments

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

☐ Complete Blood Count w/Differential
  □ Every ___ days
  □ Until date: ______
  □ 1 year
  □ ______# of Treatments