

Columbus Community Hospital

Columbus, Nebraska

DOCTORS ORDERS

PLEASE NOTE: Condition of Wound, Removal of Stitches, Consultation, Change in Diagnosis, Complications, Condition on Discharge, Instructions of Patient.

PLEASE SIGN AND DATE EACH ENTRY

PLEASE INDICATE / ALLERGIES

NONE	CODEINE	PENICILLIN	SULFA	ASPIRIN	OTHER	HEIGHT
REACTION						WEIGHT

Authorization is granted to supply medications by non-proprietary name unless checked here

**PHYSICIANS ORDERS
(including Medications)**

Albumin (post-paracentesis) Orders

(8/2024)

Page 1 of 2

Diagnosis Code: _____

Treatment Start Date: _____ Patient to follow up with provider on date: _____

This plan will expire after 365 days at which time a new order will need to be placed

GUIDELINES FOR ORDERING:

1. Send FACE SHEET and H&P or most recent chart note.

MEDICATIONS:

- **Albumin 25% IV**

Dosing: (must check one)

- 6 gm for every 1-liter fluid removed, rounded to nearest 12.5 gm increment
- 8 gm for every 1-liter fluid removed, rounded to nearest 12.5 gm increment
- _____ gm for every 1-liter fluid removed, rounded to nearest 12.5 gm increment
- _____ gm for every 1-liter fluid removed if > 5 liters removed, rounded to nearest 12.5 gm increment
- 50 gm total when > 5 liters removed
- _____ gm

Interval: (must check one)

- Once
- Every visit with each paracentesis

NURSING ORDERS:

- Start IV saline lock or access implanted port per facility protocol.
- Report volume removed to pharmacy

HYPERSENSITIVITY:

1. NURSING COMMUNICATION – If hypersensitivity or infusion reactions develop **STOP THE INFUSION.**
2. Obtain vital signs and continue to monitor vitals every 5 minutes.
3. Notify ordering provider.
4. Refer to **Adult Hypersensitivity (HSR) & Allergic Reaction Management** algorithm for assessment guidelines and interventions.
5. Continue to assess as grade of severity may progress.
6. Administer emergency medications as directed on the physician's orders.

HYPERSENSITIVITY MEDICATIONS:

- **Acetaminophen, 975 mg**, PO, x 1 dose, AS NEEDED for hypersensitivity or infusion reaction.
- **Diphenhydramine inj, 50 mg**, IV, AS NEEDED for hypersensitivity or infusion reaction. May repeat x 1 AS NEEDED per reaction management algorithm.
- **Hydrocortisone Sodium Succinate, 100 mg**, IV, AS NEEDED x 1 dose for hypersensitivity or infusion reaction.
- **Famotidine, 20 mg**, IV, AS NEEDED x 1 dose for hypersensitivity or infusion reaction.
- **Oxygen, 2 Liters/min** per nasal cannula for hypersensitivity or infusion reaction.
- **0.9% Normal Saline, 1000 mL**, IV, 150mL/hr, AS NEEDED for hypersensitivity or infusion reaction.
- **EPINEPHrine HCl (1mg/1mL), 0.3 mg**, IM injection, AS NEEDED x 1 dose for hypersensitivity or infusion reaction

(cont.)



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Albumin (post-paracentesis) Orders

My NPI number is _____ (MUST BE COMPLETED TO BE A VALID PRESCRIPTION); and I am acting within my scope of practice and authorized by law to order Infusion of the medication described above for the patient identified on this form.

Provider signature: _____ Date/Time: _____

Printed Name: _____ Phone: _____ Fax: _____

