

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 Paracentesis Orders

2/2024

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1. Diagnosis Code: _____
2. Treatment Start Date: _____ Date to follow up with provider, if needed: _____
3. **If not from CCH physician, send Face Sheet and H&P or most recent chart note.**

4. Albumin 25% IV
 - 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

5. Interval: (Must check one)
 - Once
 - Every visit with each paracentesis

6. Nursing orders:
 - Start IV saline lock or access implanted port per facility protocol.
 - Report volume removed to pharmacy
 - If hypersensitivity or infusion reactions develop, temporarily hold the infusion and notify provider.

Administer emergency medications per CCH Infusion Center Hypersensitivity Orders
OR per the following order: _____

Provider signature: _____ Date/Time: _____

Printed Name: _____ Phone: _____ Fax: _____

