



Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

PHYO  
CMC85191-001NS Rev. 4/2021**Albumin (Heart Failure)  
Infusion Therapy Plan****Baseline Patient Demographic**

To be completed by the ordering provider.

Diagnosis: \_\_\_\_\_ Height: \_\_\_\_\_ cm Weight: \_\_\_\_\_ kg Body Surface Area: \_\_\_\_\_ (m<sup>2</sup>) NKDA - No Known Drug Allergies  Allergies: \_\_\_\_\_**Therapy Plan orders extend over time (several visits) including recurring treatment.**

Please specify the following regarding the entire course of therapy:

Duration of treatment: \_\_\_\_\_ weeks \_\_\_\_\_ months \_\_\_\_\_ unknown

Treatment should begin:  as soon as possible (within a week)  within the month**\*\*Plans must be reviewed / re-ordered at least annually. \*\*****ORDERS TO BE COMPLETED FOR EACH THERAPY****ADMIT ORDERS** Height and weight Vital signs**Hypotension Defined Admit** Nursing communication

Prior to starting infusion, please determine the patient's threshold for hypotension as defined by the following parameters. This information will be needed in the event of an infusion reaction occurring.

Hypotension is defined as follows:

1 month to 1 year - systolic blood pressure (SBP) less than 70

1 year to 11 years - systolic blood pressure (SBP) less than 70 + (2 x age in years)

11 years to 17 years - systolic blood pressure (SBP) less than 90

OR any age - systolic blood pressure (SBP) drop of more than 30% from baseline.

Baseline systolic blood pressure (SBP) x 0.7 = value below defined as hypotension.

**NURSING ORDERS**

Please select all appropriate therapy

**IV START NURSING ORDERS** Insert peripheral IV / Access IVAD or PICC if available

Place PIV if needed or access IVAD or PICC if available

 lidocaine 1% BUFFERED (J-TIP LIDOCAINE)

0.2 mL, INTRADERMAL, PRN

 when immediate procedure needed  when procedure will take about 1 minute  patient / family preference for procedureAdministration Instructions: NOTE: Do not use this medication in patients with bleeding disorders, platelets  $\leq$  20,000, or in patients taking anticoagulants, when accessing implanted ports or using a vein that will be utilized for chemotherapy administration, nor for pre-term infants or neonates. lidocaine - prilocaine (EMLA) cream

TOPICAL, PRN

 when more than 60 minutes are available before procedure  when procedure will take more than 1 hour patient / family preference for procedure

Administration Instructions: NOTE: In children &lt; 3 months of age, or &lt; 5 kg in weight, maximum application time is 1 hour.



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#### ORDERS TO BE COMPLETED FOR EACH THERAPY

##### NURSING ORDERS, CONTINUED

Please select all appropriate therapy

**lidocaine - tetracaine (SYNERA) patch**

TOPICAL, PRN

when 20 - 30 minutes are available before procedure  when procedure will take more than 1 hour

when anticipated pain is less than 5 mm from skin surface  patient / family preference for procedure

**lidocaine with transparent dressing 4% kit**

TOPICAL, PRN

when 20 - 30 minutes are available before procedure  when procedure will take more than 1 hour

patient / family preference for procedure

**Heparin flush**

**heparin flush**

10 - 50 units, INTRAVENOUS, PRN, IV line flush. Per protocol, heparin should not be used to flush peripheral IVs. This heparin flush should be used with all central lines including IVADs, with the exception of de-accessing the IVAD.

**heparin flush**

100 - 300 units, INTRAVENOUS, PRN, IV line flush. Per protocol, heparin should not be used to flush peripheral IVs. For use only when de-accessing IVADs.

**Sodium chloride flush**

**Sodium chloride flush 0.9% injection**

1 - 20 mL, INTRAVENOUS, PRN, IV line flush

**Sodium chloride - preservative free 0.9% injection**

1 - 30 mL, INTRAVENOUS, PRN, IV line flush

##### PRE-PROCEDURE LABS

**Basic Metabolic Panel**

Unit collect

**INTERVAL:** Every visit

**Albumin**

Unit collect

**INTERVAL:** Every visit

**Magnesium**

Unit collect

**INTERVAL:** Every visit

**Phosphorus**

Unit collect

**INTERVAL:** Every visit

**Hepatic Function Panel**

Unit collect

**INTERVAL:** Every visit

**Gamma Glutamyl Transferase**

Unit collect

**INTERVAL:** Every visit

**PT W / INR**

Unit collect

**INTERVAL:** Every visit



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**ORDERS TO BE COMPLETED FOR EACH THERAPY**
**PRE-PROCEDURE LABS**
 **Heparin LMW level for injection (aka ANTI XA)**  
 Unit collect

INTERVAL: PRN

 **Immunoglobulin G**  
 Unit collect

INTERVAL: PRN

**INTRA-PROCEDURE**
 **Physician communication order**

 Recommended albumin dose = 1 g / kg. Please enter the dose of albumin in "g" to facilitate prior authorization requirements.  
 Recommended furosemide dose = 0.5 mg / kg - 2 mg / kg

 **Nursing Communication**

\*\*Administer albumin over 2 hours\*\*

 **Albumin 25 % injection**

Intravenous ONCE, for 1 dose. Administer over 2 hours.

INTERVAL: 1 time a week

Dose: \_\_\_\_\_

 **Nursing communication**

\*\*Furosemide to be given after albumin infusion complete\*\*

Dose: \_\_\_\_\_

 **furosemide RTA infusion**

INTERVAL: 1 time a week

For 1 dose \*\*Give after albumin\*\* Ready to administer by slow IV push. Food alert: Increases Na, K, Ca, Mg and PO4 losses

Dose: \_\_\_\_\_

 **Therapy Appointment Request**

Please select department for the therapy appointment request:

Expires in 365 days

 Dallas Special Procedures  
 Plano Infusion Center  
 Dallas Allergy  
 Dallas Transplant  
 Dallas Neurology

**EMERGENCY MEDICATIONS**
 **Nursing communication**

1. Hives or cutaneous reaction only – no other system involvement

**PATIENT IS HAVING A DRUG REACTION:**

- a. Stop the infusion
- b. Give diphenhydramine as ordered
- c. Check heart rate, respiratory rate and blood pressure every 5 minutes until further orders from provider.
- d. Connect patient to monitor (cardiac / apnea, blood pressure and oxygen saturation) if not already on one
- e. Notify provider for further orders

2. Hives or cutaneous reaction plus one other system, i.e. abdominal cramping, vomiting, hypotension, altered mental status, respiratory distress, mouth / tongue swelling

**PATIENT IS HAVING ANAPHYLAXIS:**

- a. Stop the infusion
- b. Call code – do not wait to give epinephrine
- c. Give epinephrine as ordered
- d. Notify provider
- e. Check heart rate, respiratory rate and blood pressure every 5 minutes until the code team arrives.
- f. Connect patient to monitor (cardiac / apnea, blood pressure and oxygen saturation), if not already on one.
- g. Give diphenhydramine once as needed for hives
- h. May repeat epinephrine every 5 minutes x 2 doses for persistent hypotension and respiratory distress with desaturation until code team arrives.
- i. May give albuterol as ordered for wheezing with oxygen saturation stable while waiting for code team, continue to monitor oxygen saturation.



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**EMERGENCY MEDICATION, CONTINUED**

**Hypotension is Defined as Follows:**

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**EPINEPHrine Injection Orderable For Therapy Plan  
(AMPULE / EPI - PEN JR. / EPI - PEN) 0.01 mg / kg**

0.01 mg / kg, INTRAMUSCULAR, EVERY 5 MINUTES PRN, for anaphylaxis and may be repeated for persistent hypotension and respiratory distress with desaturation until the code team arrives, for 3 doses  
Use caution with PIV administration. This solution has a pH < 5, or a pH > 9, or an osmolality > 600 mOsm / L.

**Dose:** \_\_\_\_\_

**Cardio / Respiratory Monitoring  
Rationale for Monitoring: High risk patient (please specify risk)**

- Clinically significant cardiac anomalies or dysrhythmias
- Recent acute life-threatening event
- Unexplained or acutely abnormal vital signs
- Artificial airway (stent, tracheostomy, oral airway)
- Acute, fluctuating or consistent oxygen requirements

Monitor Parameters (select all that apply):  Heart rate  Oxygen saturation  Respiratory rate  
Telemetry Required:  Yes  No

**diphenhydrAMINE injection**

1 mg / kg, INTRAVENOUS, ONCE PRN, for hives or cutaneous reaction, for 1 dose maximum dose = 50 mg per dose, 300 mg per day.

**Dose:** \_\_\_\_\_

**Albuterol for aerosol**

0.25 mg / kg., INHALATION ONCE PRN, for wheezing, but oxygen saturations stable while waiting for code team, continue to monitor oxygen saturation for 1 dose.

**Dose:** \_\_\_\_\_

**POST - PROCEDURE FOR PICC LINE**

**Nursing communication**

Flush PIV, IVAD or PICC with 30 mL 0.9% sodium chloride (250 mL bag) at the completion of the infusion.  
Flush PIV, IVAD or PICC line with 5 mL 0.9% sodium chloride and then heparin lock prior to discharge.  
Discontinue PIV, IVAD or PICC prior to discharge.

**Sodium chloride 0.9% infusion**

INTRAVENOUS at 0 - 25 mL / hr, ONCE, for 1 dose.

**Dose:** \_\_\_\_\_

(circle one):  
MD DO

\_\_\_\_\_  
Signature of Provider

\_\_\_\_\_  
Credentials

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Printed Name of Provider