

**OP Albumin Infusion
(Therapeutic Paracentesis)
Referral**



Place Patient Label
Inside This Box

***** This section refers to the entire plan. If individual orders need a different interval, please indicate in each section below***** **Version 06/2021**

Date of Infusion: _____ Patient Name: _____ Patient SSN (if available): _____ Insurance Name: _____ Secondary Insurance: _____ Diagnosis Code: _____ Diagnosis Code Description: _____ Interval _____ Day _____ of every _____ month Minimum Separation _____ days / weeks (circle one)	Lead Physician _____ Date of Birth: _____ Contact Number: _____ Policy Number: _____ Policy Number: _____ Precertification: <input type="checkbox"/> Initiated <input type="checkbox"/> Complete Location to be Performed: <input type="checkbox"/> Moore Regional Hospital (MRH) <input type="checkbox"/> Montgomery Memorial Hospital (MMH) Next Due Date _____ Duration: <input type="checkbox"/> Until discontinued <input type="checkbox"/> _____ Treatments <input type="checkbox"/> Until _____
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Nursing Orders **Interval** **Duration**

<input type="checkbox"/> Insert peripheral IV Once	_____	_____
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Picc Access And Flush Orders

<input type="checkbox"/> PICC Line Access Once	_____	_____
<input type="checkbox"/> Heparin, porcine (PF) 10 unit/mL injection 50 Units 50 Units, intravenous, As needed, line care	_____	_____

Vascular Access Device (cvc) Access and Flush Orders

<input type="checkbox"/> Central Venous Catheter (CVC) access Once	_____	_____
<input type="checkbox"/> Heparin, porcine (PF) injection 500 units, IV once 500 Units, intravenous, For 1 Occurrences	_____	_____

Pre-Medications

<input type="checkbox"/> Sodium chloride 0.9 % infusion 500 mL 500 mL, intravenous, at 10 mL/hr, Once Carrier Fluid	_____	_____
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Provider Signature: _____ **Date:** _____ **Time:** _____

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Post-Procedure

- Albumin 25 Grams (1-5 Liters Removed S/p Paracentesis)**
albumin human 25 % (12.5 g/50 mL) bottle 12.5 g
12.5 g, intravenous, Every 1 hour scheduled, For 2 Doses
Use for 1-5 Liters removed s/p paracentesis
- Albumin 37.5 Grams (6-7 Liters Removed S/p Paracentesis)**
albumin human 25 % (12.5 g/50 mL) bottle 12.5 g
12.5 g, intravenous, Every 1 hour scheduled, For 3 Doses
Use for 6-7 Liters removed s/p paracentesis
- Albumin 50 Grams (8-9 Liters Removed S/p Paracentesis)**
albumin human 25 % (12.5 g/50 mL) bottle 12.5 g
12.5 g, intravenous, Every 1 hour scheduled, For 4 Doses
Use for 8-9 Liters removed s/p paracentesis
- Albumin 62.5 Grams (greater Than Or Equal To 10 Liters Removed S/p Paracentesis)**
albumin human 25 % (12.5 g/50 mL) bottle 12.5 g
12.5 g, intravenous, Every 1 hour scheduled, For 5 Doses
Use for 10 Liters removed s/p paracentesis

For Scheduling Fax Forms to: (910) 715-1177.

Provider Signature: _____ Date: _____ Time: _____

* May be used as EPIC Downtime Form