CHILDREN'S HEALTH

Patient Name: _____

Date of Birth: _____

PHYO
CMC85192-001NS Rev. 4/2021

Albumin (SOTP) Infusion Therapy Plan

Baseline Patient Demographic

To be completed by the ordering provider.

Diagnosis: _____ Height: _____ cm Weight: _____ kg Body Surface Area: _____ (m^2)

☐ 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 if available**

Place PIV if needed or access IVAD 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 procedure

Administration Instructions: NOTE: Do not use this medication in patients with bleeding disorders, platelets ≤ 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 < 3 months of age, or < 5 kg in weight, maximum application time is 1 hour.

Key: Ca = calcium; cm = centimeter; g = gram; IV = intravenous; kg = kilogram; m² = square meters; Mg = magnesium; mg = milligram; mL = milliliter; mL / hr = milliliters per hour; mOsm / l = millisomole per liter; Na = sodium; NKDA = No K = potassium; Known Drug Allergies; NS = normal saline; pH = hydrogen ion concentration; PICC = Peripherally inserted central catheter; PIV = peripheral intravenous; PO_4= potassium phosphate; PRN = as needed; PT w / INR = prothrombin time with international normalized ratio; RTA = ready to administer; SBP = systolic blood pressure; SOTP = Solid Organ Transplant

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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 - preserative free 0.9% injection
1 - 30 mL, INTRAVENOUS, PRN, IV line flush

PRE-PROCEDURE LABS

☐ **Basic Metabolic Panel** — **INTERVAL:** Every visit
Unit collect

☐ **Magnesium** — **INTERVAL:** Every visit
Unit collect

☐ **Phosphorus** — **INTERVAL:** Every visit
Unit collect

☐ **Hepatic Function Panel** — **INTERVAL:** Every visit
Unit collect

☐ **Gamma Glutamyl Transferase** — **INTERVAL:** Every visit
Unit collect

☐ **PT W / INR** — **INTERVAL:** Every visit
Unit collect

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INTRA-PROCEDURE

☑ **Physician communication order**
Recommended albumin dose = 1 g / kg maximum 25 g, but may give up to 50 g if needed). 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 - 4 hours

☑ **Albumin 25 % injection** **INTERVAL:** 1 time a week
Intravenous ONCE, for 1 dose. Administer over 2 - 4 hours.
Dose: _____

☑ **furosemide RTA infusion** **INTERVAL:** 1 time a week
For 1 dose 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

☐ **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

☐ **Nursing communication**

Flush PIV or IVAD with 20 mL 0.9% sodium chloride (250 mL bag) at the completion of the infusion.
Flush IVAD with saline and heparin prior to discharge.
Discontinue PIV prior to discharge.

☐ **Sodium chloride 0.9% infusion**

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

Dose: _____

Signature of Provider	(circle one): MD DO Credentials	Date	Time

Printed Name of Provider

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