

Conway Medical Center
Conway, South Carolina

Center Patient Admission
Label Here

PHYSICIAN'S ORDERS
Albumin Infusion
Endoscopy Department

Date/Time	Another brand of drug identical in form and content may be dispensed unless checked. <input type="checkbox"/>	Drug Allergies:	Nurse Initials/ Faxed
	To Endoscopy for Albumin Infusion for 5 or more liters removed		
	Diagnosis: Ascites, cirrhosis, S/P US guided paracentesis		
	<input checked="" type="checkbox"/> Insert saline lock		
	Albumin 25% (12.5 gms) administration. Give each 50 mls over 30 minutes		
	<input type="checkbox"/> 5L-6L Albumin 50 mls <input type="checkbox"/> 6L-7L Albumin 100 mls <input type="checkbox"/> 7L-9L Albumin 150 mls <input type="checkbox"/> >9L Albumin 200 mls		
	May discharge home after infusion if no reaction.		

Physician Signature

____/____/____
Date

Time