Oregon Specialty Infusion
A Practice of Oregon Specialty Group

Albumin Order Form (25% Albumin)

Fax To: 503-540-3105

PATIENT INFORMATION

Patient Name: _____ DOB: _____ Phone: _____ Sex: ☐ M ☐ F Ht:_____ Wt: _____ ☐ lbs ☐ kg

Primary Language: _____ Allergies: _____

<ICD 10 CODE REQUIRED> DIAGNOSIS & CLINICAL INFORMATION

ICD 10 Code (PROVIDE COMPLETE CODE)

☐ K70.31 Alcoholic Cirrhosis of Liver with Ascites
☐ K74.60 Cirrhosis, Non-Alcohol
☐ K74.69 Other Cirrhosis of Liver
☐ R18.0 Malignant Ascites
☐ R18.8 Ascites
☐ Other: _____

REQUIRED: Demographics & Most Recent: H&P, clinical notes, lab results & medication list. Supporting clinical notes to include any past tried and/or failed therapies, intolerance, outcomes, or contraindications to conventional therapy

PRESCRIPTION

Pre-Medications

☐ Acetaminophen: 650 mg PO
☐ Cetirizine 10 mg PO
☐ Dexamethasone: _____ mg IV
☐ Diphenhydramine: 25 mg PO
☐ Diphenhydramine: 25 mg IV
☐ Acetaminophen: _____ mg PO
☐ Famotidine: _____ mg IV
☐ Loratadine 10 mg PO
☐ Methylprednisolone: _____ mg IV
☐ Ondansetron 4 mg IV

Lab Orders

☐ CBC w/diff: every _____ ☐ weeks ☐ month
☐ CMP: every _____ ☐ weeks ☐ month
☐ Other: _____ ☐ weeks ☐ month

25% Albumin

☐ **IV**: Infuse 6g/L of 25% Albumin if > 5L removed via paracentesis PRN every ____ week(s) x 1 year
☐ **IV**: Infuse 8g/L of 25% Albumin if > 5L removed via paracentesis PRN every ____ week(s) x 1 year
☐ **IV**: Infuse 25g of 25% Albumin if > 5L removed via paracentesis PRN every ____ week(s) x 1 year
☐ **IV**: Infuse 50g of 25% Albumin if > 5L removed via paracentesis PRN every ____ week(s) x 1 year

*** OSI will round to the nearest 5g vial for accurate dosing to minimize medication waste ***

Adverse Events: In the event of an adverse reaction occurring at Oregon Specialty Infusion clinic, OSI will utilize their adverse reactions protocol

Is the patient on any other disease modifying therapy? ☐ Yes ☐ No

If yes, please note therapy and last dose: _____

PRESCRIBING INFORMATION

Prescriber Name: _____ Signature: _____

Date: _____ NPI #_____ Specialty: _____

Office phone #: _____ Office Fax #: _____