

فرم درخواست داروی آلبومین

نام و نام خانوادگی بیمار:

کد بیمار:

تاریخ درخواست:

بخش درخواست دهنده:

Serum Alb:

Indication	Notes	
Paracentesis	5 g of albumin/L ascitic fluid removed, after paracentesis of volumes > 5 L.	
Therapeutic plasmapheresis	For exchanges of > 20 mL/kg in one session or > 20 mL/kg/week in more than one session.	
Spontaneous bacterial peritonitis	In association with antibiotics.	
Heart surgery	Last-choice treatment after crystalloids	
Major surgery	Serum albumin < 2 g/dL after normalisation of circulatory volume.	
Cirrhosis of the liver with refractory ascites	Serum albumin < 2 g/dL.	
ALI/ARDS ARDS (acute respiratory distress syndrome)		
Intracranial hemorrhage	Baseline albumin < 2 – 2.5 g/dL	
Dialysis treatment in the presence of severe abnormalities of haemostasis		
Hemorrhagic shock	Only in the case of lack of response to crystalloids or colloid	
Hepatorenal syndrome	In association with vasoconstricting drugs	
Nephrotic syndrome	Albumin < 2 g/dL with hypovolaemia and/or pulmonary edema.	
Organ transplantation	In the post-operative period after liver transplantation to control ascites and peripheral edema, to replace the loss of ascitic fluid from the drainage tubes, if albumin < 2.5 g/dL with a hematocrit > 30%.	
Burns	In the case of burns of > 30% body surface area, after the first 24 hours.	

درخواست خارج از گایدلاین فوق با ارائه مستندات :

Albumin Order:

- Dose:
- Start date:

Interval:

Discontinuation date:

مهر و امضاء داروساز	مهر بخش درخواست دهنده (مهر رئیس بخش در صورت خارج از گایدلاین بودن)	مهر و امضاء پزشک
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