

# **Standard Operating Procedure for Albumin and furosemide**

## Introduction:

Albumin is the oncotic pull for water in the blood, therefore in a normal functioning kidney, the albumin stays in the blood along with water. However, some renal patients pass albumin out with their urine. This means the water disperses from the intravascular space into the surrounding cells, causing the oedema we see in many renal patients. Therefore, the objective of given albumin is to replace the albumin they have lost within their urine. This then pulls the water back into the blood stream. The furosemide is then given as a diuretic so that they pass the water.

## Equipment Required:

### **FOR ALBUMIN**

Albumin (dose as prescribed on drug cardex)

IV giving set – with infusion port

Air inlet needle (if required) or a white needle if not available

Ivac + Stand

10ml syringe

Green needle

Saline

If infusion is being given via a line, this will be a sterile procedure. Therefore, you would also need:

A dressing pack

10ml syringe

Sterile gloves

Wipes

**FOR furosemide (usually given mid way and at the end of the albumin infusion)**

Furosemide (as prescribed on drug cardex)  
Suitable sized syringe  
Red needle  
10ml syringe  
Saline  
Green  
Syringe driver (if required for dose being given) + infusion set  
for syringe driver

Sterile procedure:

A dressing pack

Gloves

Wipes

Method Used:

### **ALBUMIN**

The prescription should state the amount of mls of albumin you are to give the patient. It should also state what period of time the medical staff would like this to be given over. This therefore allows you to work out the rate the pump should be set at.

1. Hang albumin bottle with IV giving set. You may find it runs easier by using an air inlet as the albumin is thick and gloopy.
2. Prepare a saline flush to flush the IVC before hanging the albumin.
3. Go to the patient. You will need the IVAC and stand at this point.
4. Flush the IVC and connect the line to the patient.
5. Set the pump to the correct rate. Furosemide is usually given mid way. Set a VTBI of half the volume of total volume.

**\*Remember this should be done as a sterile procedure if the patient has a line.\***

## **FUROSEMIDE – mid way**

1. Refer to monograph folder to work out how much furosemide should be given using dose on cardex. Check dose using the BNF.
2. Use red needle to draw up required amount of furosemide. Further dilute if necessary with saline.
3. This can be given as a push or an infusion, depending on the dose. This will be indicated in the monograph.
4. Use port on IV giving set to administer.

**\*Remember this should be done as a sterile procedure if the patient has a line\***

Restart Albumin infusion at the same rate as previous to complete the infusion.

Repeat steps for mid way furosemide for end furosemide. Disconnect IV infusion set from IVC and flush with saline. If the infusion has been given via a line, using a sterile procedure, flush the line with saline and lock the line with 5 mls hepsal.

**\*Whilst a patient is having this infusion, observations are carried out every half an hour for the duration of the infusion. This includes a blood pressure. It is also important to check the temperature of the patient's hands and feet due to the shift of fluid.\***