### Albumin 5%

<table>
<thead>
<tr>
<th>Other Names</th>
<th>Plasbumin-5, Alburex-5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consent Required</td>
<td>Yes</td>
</tr>
<tr>
<td>Pre-Transfusion Sample</td>
<td>Not Required</td>
</tr>
<tr>
<td>Approval Requirements</td>
<td>NA</td>
</tr>
</tbody>
</table>

#### Product Description
Sterile solution of albumin (5 g in 100 mL) in aqueous diluent prepared by fractionation of pooled human plasma. Heat treated to reduce viral transmission. Contains no preservatives.

5% albumin is iso-oncotic with normal plasma. Supplied in 50 mL, 250 mL and 500 mL bottles. *Note: only full bottles are issued.*

#### Clinical Indications
- Plasma volume expander
- Plasma exchange

#### Contraindications
- Patients with a history of congestive cardiac failure, renal insufficiency or stabilized chronic anemia are at special risk of developing circulatory overload.
- Patients who are hypersensitive to albumin or to any ingredient in the formulation or component of the container.

#### Risks
Allergic reactions, circulatory overload, transmission of infection.

#### Dosage
Dependent on patient’s clinical condition. Refer to product monograph.

#### Administration
Refer to albumin administration procedures for details. 

**Volumetric Method:** A vented administration set is required. No inline filter required for administration of albumin.

**Syringe Method:** No inline filter required for syringe administration of albumin.

#### Compatible Solution
0.9% Normal Saline and D5W.

**Do not** mix with water for injection as this may result in hemolysis and acute renal failure.

Compatible with standard carbohydrate and electrolyte solutions intended for intravenous use.

**Do not** be mix with protein hydrolysates, amino acid solutions or solutions containing alcohol.

#### Infusion Rates
**Infuse** each bottle at 1 mL/kg/hr, **up to a maximum of 50 mL**, for the first 15 minutes.

If there are no signs or symptoms of a transfusion reaction during the first 15 minutes, **adjust** the flow rate.

**Infusion rate** should be adjusted to individual requirements, based on initial assessment and monitoring of the patient’s status.

**Hypovolemic Shock:** administer as rapidly as possible in the initial stages. When plasma volume begins to return to normal, the rate should not exceed 1 mL/minute.

**Hypoproteinemia:** infuse ordered amount over 2-4 hours. Rate should not exceed 5 mL/min.

The **maximum infusion rates** for 5% albumin can be exceeded in an emergency.

#### Monitoring
**Measure** vital signs as per table 1 below.
Table 1: Patient Monitoring During Blood Product Transfusion

**Remain** with the patient for the **first 15 minutes** following the start of each unit (when blood actually reaches the patient), and observe patient for signs and symptoms of a transfusion reaction.

<table>
<thead>
<tr>
<th>Neonatal (less than 4 months old)</th>
<th>Pediatric/ Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measure Vital signs:</td>
<td>Measure Vital signs:</td>
</tr>
<tr>
<td>After 15 minutes times two</td>
<td>After 15 minutes</td>
</tr>
<tr>
<td>60 minutes after the start of the transfusion</td>
<td>60 minutes after the start of the transfusion</td>
</tr>
<tr>
<td>Hourly for remainder of the transfusion</td>
<td>Hourly for remainder of the transfusion</td>
</tr>
<tr>
<td>Within 60 minutes of completion of the transfusion</td>
<td>Within 60 minutes of completion of the transfusion</td>
</tr>
</tbody>
</table>

Vital signs include:

<table>
<thead>
<tr>
<th>Heart rate</th>
<th>Blood Pressure</th>
<th>Temperature</th>
<th>Heart rate</th>
<th>Blood Pressure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respiration Rate</td>
<td>O2 Saturation level</td>
<td>Temperature</td>
<td>Respiration rate</td>
<td></td>
</tr>
</tbody>
</table>

⚠️ Increase observation for high risk patient’s e.g. unaccompanied infants / children, clinically unstable or unconscious patients.

⚠️ Monitor O2 saturation level & fluid balance in patients who are at risk of fluid overload.

⚠️ In the event of a suspected transfusion reaction, **STOP** the transfusion and refer to Transfusion Reaction Procedure & Quick Reference guide and complete Transfusion Reaction Report Form.

**Storage Conditions**

- Stored at room temperature, not to exceed 30 C.
- Must be used within 4 hours of spiking the bottle.
- **Return** albumin and Transfusion Record to Transfusion Medicine within 20 minutes from time of issue if there are any delays in administration.
- **Do NOT** store on nursing unit.

**References**

- Plasbumin 5%, Grifols Canada Ltd, July 2012.  

- Alburex, CSL Behring Canada Inc, May 2012.  