



NEONATAL

ALBUMIN (HUMAN) 4%

This document should be read in conjunction with this [DISCLAIMER](#)




Highly Restricted: Requires neonatologist approval before commencing

⚠ HIGH RISK Medication

There are 2 strengths of Albumin (Human) available, Albumin 4% and Albumin 20%.
Incorrect product selection could lead to severe circulatory overload.

Presentation	Vial: 40mg/mL (4%) 50mL
Classification	Albumin is manufactured from pooled human plasma. Please read with Transfusion Medicine Protocols – Albumin 4% . Written consent to blood products required. Refer to Transfusion Medicine Protocol – Blood Product Prescription Consent and Refusal .
Indication	Hypovolaemia (Plasma Expander)
Dose	<u>Hypovolaemia</u> IV: 0.5g – 1g/kg/dose (12.5mL – 25 mL/kg)
Monitoring	Temperature, pulse, respiration, blood pressure, urine output, electrolyte levels. Observe for signs of hypervolemia, pulmonary oedema and cardiac failure. Refer to Transfusion Medicine Protocols – Albumin 4% .
Guidelines & Resources	Transfusion Medicine Protocols – Albumin 4% .
Compatible Fluids	Sodium chloride 0.9%, Glucose 10%, Glucose 5% and glucose/saline solutions.
Preparation	Albumin is a clear or slightly opalescent solution. If it appears cloudy, do not use. Discard any unused solution. Do not use the product if it appears turbid.

Administration	<p>Intravenous infusion:</p> <p>Infuse over 5-10 minutes. Faster infusion rates may be clinically necessary, refer to Neonatologist.</p> <p>Refer to Transfusion Medicine Protocols – Albumin 4%.</p> <p>Flush with sodium chloride 0.9% after infusion is complete</p>	
Adverse Reactions	<p>Common</p> <p>Serious</p>	<p>Chills, fever, vomiting, urticaria</p> <p>Hypertension, vascular overload causing pulmonary oedema, cardiac failure, Intraventricular haemorrhage, anaphylaxis</p>
Storage	Store below 30 °C. Do not freeze. Protect from light.	
Interactions	Water for injections – risk of reduction in tonicity.	
Notes	<p>Albumin should be administered through a standard IV giving set</p> <p>Do not ‘piggy-back’ onto other lines</p> <p>Neonatologist to determine rate of infusion</p>	
References	<p>Society of Hospital Pharmacists of Australia. Albumin. In: Australian Injectable Drugs Handbook [Internet]. [St Leonards, New South Wales]: Health Communication Network; 2019 [cited 2019 Mar 15]. Available from: http://aidh.hcn.com.au</p> <p>Truven Health Analytics. Albumin(Human). In: NeoFax [Internet]. Greenwood Village (CO): Truven Health Analytics; 2019 [Cited 2018 Mar 15]. Available from: https://neofax.micromedexsolutions.com/</p> <p>Takemoto CK, Hodding JH, Kraus DM. Pediatric & neonatal dosage handbook with international trade names index : a universal resource for clinicians treating pediatric and neonatal patients. 24th ed. Hudson (Ohio): Lexicomp; 2017. 2,401 p75.</p> <p>Zenk KE. Neonatology: management, procedures, on-call problems, diseases, and drugs. Gomella TL, Cunningham MD, Eyal FG, editors. New York: McGraw-Hill; 2009.</p> <p>Shann F. Drug doses. Seventeenth ed. Parkville (Victoria): Collective P/L; 2017.</p>	

Document owner:	Head of Department - Neonatology		
Author / Reviewer:	KEMH & PCH Pharmacy / Neonatology Directorate		
Date first issued:	February 2013	Version:	3.0
Last reviewed:	March 2019	Next review date:	March 2021
Endorsed by:	Neonatal Directorate Management Group	Date:	March 2019
Standards Applicable:	NSQHS Standards: 1  Governance 3  Infection Control 4  Medication Safety;		
Printed or personally saved electronic copies of this document are considered uncontrolled. Access the current version from the WNHS website.			

© Department of Health Western Australia 2018