Albunin (Human) 5% Solution

**INDICATIONS AND USAGE**

AlbuRx™ 5 should not be used as an intravenous nutrient because of the slow breakdown and relatively unfavorable composition of the albumin molecule with respect to its content of essential amino acids. Oral provision of proteins or an intravenous regimen providing adequate calories and a suitable amino acid mixture are the methods of choice for the treatment of protein malnutrition as such, though they do not permit the rapid correction of hypoproteinemia.

The binding properties of albumin may, in special circumstances, provide an indication for its clinical use. For such purposes, however, an Albunin (Human) 25% solution should be used.

The colloid osmotic or oncotic properties of Albunin are the predominant reason for its clinical use. The rationale for this is the Starling concept of the capillary balance of hydrostatic and oncotic pressure gradients across the capillary walls as the determinant of the fluid — i.e. volume — distribution between the intravascular and the interstitial compartment (15). The basic indication for the use of Albunin™ 5 is therefore a plasma or blood volume deficit. The 5% concentration is approximately isotonic and isooncotic with normal human plasma. The effective colloid osmotic pressure of the serum proteins depends very largely on the relatively small and numerous albumin molecules, which therefore play a decisive role in the maintenance of the circulating plasma volume.

**INDICATIONS AND USAGE**

Shock

The definitive treatment of major hemorrhage is the transfusion of red blood cells restoring a normal oxygen transport capacity of the blood. Since, however, the life-threatening event in major hemorrhage is the loss of blood volume and not the erythrocyte deficit, the blood volume can, as an emergency measure, be supported by AlbuRx™ 5 or another rapidly acting plasma substitute if blood is not immediately available. This will restore cardiac output and abolish circulatory failure with tissue anoxia. Though a four- to fivefold volume of crystals may be equally effective, their administration takes more time and creates a general overload with sodium and water. In the presence of dehydration, electrolyte solutions such as Ringer’s lactate should be administered in conjunction with albumin.

Burns

Apart from damage to the respiratory tract, the development of burn shock is the most life-threatening event in the immediate care of the burned patient. Therapy during the first 24 hours is directed at the administration of large volumes of crystalloid solutions and lesser amounts of AlbuRx™ 5. There are no data available as to maintain an adequate plasma volume and protein (colloid) content. For continuation of therapy beyond 24 hours, larger administration of large volumes of crystalloid solutions and lesser amounts of AlbuRx™ 5 is necessary. For children, a dose of 10 to 15 mL per pound body weight is usually adequate and close surveillance of the patient is essential. Though a four- to fivefold volume of crystals may be equally effective, their administration takes more time and creates a general overload with sodium and water and in this situation may be superior to electrolyte solutions such as Ringer’s lactate. AlbuRx™ 5 must be administered intravenously. The venipuncture site should not be infected or traumatized, and should be prepared with standard aseptic technique. The solution is compatible with whole blood or packed red cells as well as the usual electrolyte and carbohydrate solutions intended for intravenous use. In contrast, it should not be mixed with protein hydrolysates, amino acid mixtures, or solutions containing alcohol. AlbuRx™ 5 should be used for a pregnant woman only if clearly needed. There is, however, no evidence for any contraindication to the use of AlbuRx™ 5 specifically associated with reproduction, pregnancy or the fetus.

Use of an intravenous infusion set suitable for the infusion of blood and blood products.