| - Hensterenal Sundrema (HBS) | |
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| Hepatorenal Syndrome (HRS) | |
| For patient with renal dysfunction in the setting of liver disease that is unlikely to be ATN or post-obstructive renal dysfunction AND without improvement of creatinine after 48 hours of appropriate treatment (volume repletion, discontinuation of offending agents). | |
| Recommendations for Plasma Protein Albumin infusions (ordered using the Plasma Protein Albumin 25% panel): Albumin 25% (100ml=25g) IV 1.5 g/kg on day 1 and 1 g/kg on day 3 of SBP treatment. Maximum dose is 400mls (100g) per day. | |
| Reconsider need for albumin on a daily basis and consider discontinuing if serum albumin normalizes. | |
| THEN Day 3 - Albumin 25% (100ml-25g) IV 1g/kg on day 3 of SBP treatment. Maximum dose is 400ml (100g) per day. | |
| Medications | |
| Target a 10 to 15 mm Hg increase in the Mean Arterial Pressure (MAP) to >65 mmHg. Continue therapy with vasoconstroctirs and albumin until creatinine is within 26.5 umol/L from the baseline (complete response). If there is no response or partial response, consider tapering off at 14 days, on a case by case basis. | |
| midodrine tablet 7.5 mg, oral, every 8 hours, scheduled | |
| octreotide injection 100 mcg, subcutaneous, every 8 hours, scheduled | |
| Specialty Consults | |
| If Mean Arterial Pressure (MAP) is less than 65 mm Hg and patient continues to have AKI 2 to 3 despite 48 hours of therapy, consider ICU consultation for vasopressor therapy. | |
| Inpatient Consult to Critical Care Medicine (Intensivist) | |

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