Hepatorenal Syndrome (HRS) Adult Panel

If working up initial renal dysfunction, use Renal Dysfunction in Cirrhosis panel first.

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)