Ascites, Hepatic Hydrothorax, Edema Order Panel

Recommend open and merge the following panels as required:

- *Paracentesis Therapy plan*
- *Thoracentesis Therapy plan*

Laboratory Investigations

Urine

☐ Electrolyte Panel, Urine

Diagnostic Imaging

General Radiology

☐ GR Chest, 2 Projections

Ultrasound

☐ US Abdomen

Medications

Antibacterial

If patient has had a prior episode of spontaneous bacterial peritonitis (SBP) initiate the selected antibiotic prophylaxis. Norfloxacin 400 mg PO daily is the first choice for long-term therapy but it is not on formulary for in-hospital prescribing.

☐ ciprofloxacin 500 mg PO daily (Long-term)

OR

☐ co-trimoxazole 800/160 mg PO daily (Long-term)

Diuretics

Goal weight loss/day 0.5 kg/day in patients without edema and 1 kg/day in patients with edema. For most patients consider a dosing ratio of furosemide 40 mg to spironolactone 100 mg. Consider stopping diuretics if Na less than 125 mmol/L, worsening renal function, refractory hepatic encephalopathy or severe muscle cramps. With refractory ascites consider transjugular intrahepatic portosystemic shunt insertion.

☐ furosemide 40 mg PO daily. Maximum of 160 mg daily

☐ furosemide 40 mg IV daily

AND

☐ spironolactone 100 mg PO daily. Maximum of 400 mg daily. *Wait at least 72 hours before titrating up the dose.*

OR

☐ amiloride 10 mg PO daily. Maximum of 40 mg per daily. *Weaker diuretic than spironolactone but helpful if painful gynecomastia develops on spironolactone.*