

### ▼ Ascites Hepatic Hydrothorax, Edema in Cirrhosis

Panel is for adult patients with volume overload secondary to cirrhosis. If new onset of ascites or hydrothorax, a work up is suggested (eg: Diagnostic paracentesis, abdominal ultrasound with doppler, diagnostic thoracentesis).

Electrolyte Panel, Urine, Random

#### 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. Transjugular intrahepatic portosystemic shunt may be an option in some patients with refractory ascites-suggest consult liver specialist if considering.

Antibiotic Prophylaxis (for patients with prior episode of SBP)

#### furosemide (Choose One)

- furosemide tablet  
40 mg, oral, daily
- furosemide injection  
40 mg, intravenous, daily

#### AND Choose One

- spironolactone tablet  
100 mg, oral, daily, Wait at least 72 hours before titrating up the dose.
- aMILoride tablet  
10 mg, oral, daily, Weaker diuretic than spironolactone but helpful if painful gynecomastia develops on spironolactone