

▼ Renal Dysfunction in Cirrhosis

For adult patients with cirrhosis and new onset renal dysfunction. Assess for precipitants (eg. nephrotoxic medications, volume depletion, GI bleeding (consider endoscopy) and infection including diagnostic fluid sampling of ascites or hydrothorax fluid (limiting volume to <5L if significant renal dysfunction, etc).

For patients with suspected hepatorenal syndrome who have not had improvement of creatinine after 48 hours of appropriate treatment (albumin/volume repletion, discontinuation of offending agents) consider open and merge: Hepatorenal Syndrome (HRS) Order Panel.

Consider opening and merging Gastroenterology Ascites Fluid Analysis panel.

Recommendations for Plasma Protein Albumin infusions (ordered using the Plasma Protein Albumin 25% panel): Albumin 25% (100ml=25g) IV 1 g/kg/day for 48 hours if AKIN 2 or 3. Maximum dose is 400mls (100g) per day.

Consider Bladder Scan if high risk for post renal obstruction.

Bladder Scan

Intake and Output
Every shift

Urine

Electrolyte Panel, Urine, 24 Hour

Electrolyte Panel, Urine, Random

Urinalysis
Once

Creatinine Clearance, urine only, Calgary

Creatinine Clearance, Urine

Protein Total, Urine, Random

Microbiology

Blood Culture Panel - Adult x 2

Urine Culture, Routine

GR Chest 2 Projections ⓘ
Routine, Once

US Kidneys and Bladder
Once

Inpatient Consult to Nephrology