

▼ Ascites Hepatic Hydrothorax, Edema in Cirrhosis Adult Panel

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 20 mg to spironolactone 50 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.

■ furosemide (Choose One)

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

■ AND Choose One

- ☐ spironolactone tablet
50 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

■ Antibiotic Prophylaxis for prior SBP

- ☐ ciprofloxacin tablet
500 mg, oral, daily, 2 hours after breakfast
- ☐ sulfamethoxazole-trimethoprim 800 mg-160 mg per tablet
160 mg of trimethoprim, oral, daily