

## 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 -- Urine, Midstream**  
Once, today at 1556, For 1 occurrence

### Diuretics

Goal weight loss up to 0.5 kg/day in patients without edema and up to 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 (\$0.03)  
20 mg, oral, daily
- furosemide injection (\$2.58)  
40 mg, intravenous, daily

#### AND Choose One

- spironolactone tablet (\$0.09)  
50 mg, oral, daily, Wait at least 72 hours before titrating up the dose.
- aMILoride tablet (\$0.43)  
10 mg, oral, daily, Weaker diuretic than spironolactone but helpful if painful gynecomastia develops on spironolactone

#### Antibiotic Prophylaxis for prior SBP

- ciprofloxacin tablet (\$0.11)  
500 mg, oral, daily, 2 hours after breakfast
- sulfamethoxazole-trimethoprim 800 mg-160 mg per tablet (\$0.23)  
160 mg of trimethoprim, oral, daily

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