|  |
| --- |
|  **Albumin indication checklist** |
|  | **Indication** | **Notes** |
| 1 | Paracentesis | 5 g of albumin/L ascitic fluid removed, after paracentesis of volumes > 5 L.  |
| 2 | Therapeutic plasmapheresis | For exchanges of > 20 mL/kg in one session or > 20 mL/kg/week in more than one session.  |
| 3 | Spontaneous bacterial peritonitis  | In association with antibiotics.  |
| 4 | Heart surgery  |

|  |  |
| --- | --- |
| Last-choice treatment after crystalloids  |  |

 |
| 5 | Major surgery  | Serum albumin < 2 g/dL after normalisation of circulatory volume.  |
| 6 | Cirrhosis of the liver with refractory ascites  | Serum albumin < 2 g/dL.  |
| 7 | ALI/ARDS ARDS (acute respiratory distress syndrome) |
| 8 | Intracranial hemorrhage Dialysis treatment in the presence of severe abnormalities of haemostasis | Baseline albumin < 2 – 2.5 g/dL |
| 9 | Hemorrhagic shock  | Only in the case of lack of response to crystalloids or colloid |
| 10 | Hepatorenal syndrome  | In association with vasoconstricting drugs |
| 11 | Nephrotic syndrome  | Albumin < 2 g/dL with hypovolaemia and/or pulmonary edema.  |
| 12 | Organ transplantation  | In the post-operative period after liver transplantation to control ascites and peripheral edema, to replace the loss of ascitic fluid from the drainage tubes, if albumin < 2.5 g/dL with a hematocrit> 30%.  |
| 13 | Burns  | In the case of burns of > 30% body surface area, after the first 24 hours.  |

|  |
| --- |
| **Prophylactic pantoprazole Indication (Risk assessment)** |
| **Major risk factors** |
| * Coagulopathy (Plt<50000,INR>1.5)
* Hx of GI ulceration or bleeding within 1year of admission
* Glasgow coma scale of <8
* Thermal injury to > 35% of body surface area
* Partial hepatectomy
* Multiple trauma
* Hepatic or renal transplantation
* Spinal cord injury
* Hypoperfusion (sepsis, shock, multi organ failure or vasoactive therapy)
 |  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| **Minor risk factors** |
| * Mild to moderate brain injury (GCS > 8)
* Occult bleeding lasting > 6d
* NSAID use
* Clopidogrel use
* High dose corticosteroid (>250 mg of hydrocortisone or equivalent daily)
 |
| **\*Only if >1 major risk factors or >2 risk factors are existed, pantoprazole prophylaxis is indicated.****\*\*IV route is indicated only in absolute NPO condition** |

|  |
| --- |
| **Ceftriaxone indication checklist** |
|  | **Indication** |
| 1 | **Upper respiratory tract infections** (e.g., acute bacterial otitis media, acute bacterial rhinosinusitis) |
| 2 | **Bacteremia associated with intravascular line** due to extended-spectrum beta-lactamase negative *Escherichia coli* and *Klebsiella* species |
| 3 | **Prophylaxis of bacterial endocarditis** in high risk adults and children who are allergic to penicillins or ampicillin and are unable to take oral medication |
| 4 | **Treatment of bacterial** native or prosthetic valve **endocarditis** due to penicillin-susceptible streptococci in combination with gentamicin |
| 5 | **Brain abscess** in combination with penicillin G and metronidazole |
| 6 | **Cavernous sinus thrombosis** in combination with vancomycin |
| 7 | Chancroid  |
| 8 | Uncomplicated or complicated **Gonococcal** infections |
| 9 | **Sexually transmitted acute proctitis** or **protocolitis** in combination with doxycycline or azithromycin |
| 10 | **Prophylaxis of sexually transmitted infectious disease** in victim of sexual assault in combination with metronidazole, and either oral azithromycin or oral doxycycline |
| 11 | **Intra-abdominal** infections (e.g., acute cholecystitis) due to susceptible pathogens in combination with metronidazole |
| 12 | **Spontaneous bacterial peritonitis** due to susceptible pathogens |
| 13 | Mastoiditis |
| 14 | **Treatment of meningitis** in combination with vancomycin |
| 15 | **Prophylaxis of meningitis** in close exposure to invasive meningococcal disease |
| 16 | **Neurobrucellosis** in combination with other agents (e.g., doxycycline and rifampin) |
| 17 | **Acute epididymitis** due to gonococcal or chlamydial infection in combination with doxycycline  |
| 18 | **Orbital cellulitis** or **endophthalmitis** due to susceptible pathogens |
| 19 | **Pelvic inflammatory disease** in combination with other antimicrobial agents (e.g., doxycycline and metronidazole) |
| 20 |  **Community-acquired pneumonia** in combination with macrolides (e.g., azithromycin) |
| 21 | Complicated or uncomplicated **urinary tract infections** (e.g., Pyelonephritis) |
| 22 | **Skin and skin structure infections** (cellulitis, soft tissue abscesses, and diabetic foot ulcers) due to susceptible pathogens  |
| 23 | **Shigella** or **Salmonella** infections |
| 24 | **Prophylaxis of postoperative infection** in contaminated or potentially contaminated surgery (e.g., hysterectomy, biliary tract, colorectal [in combination with metronidazole]) |
| 25 | **Neurosyphilis** in penicillin-allergic patients |
| 26 | Typhoid fever |

|  |
| --- |
| **Prophylactic Enoxaparin & Heparin indication checklist** |
| **Prophylactic Indication (risk assessment)**  | **Score** |
| **Medical patients\*** |  |
| * Malignancy
 | **3** |  |
| * History of DVT/PE
 | **3** |  |
| * Restriction of motion
 | **3** |  |
| * Thrombophilia (e.g. Antiphospholipid Syndrome or Factor V Leiden)
 | **3** |  |
| * Trauma or surgery in 1 month ago
 | **2** |  |
| * Age > 40 y/o
 |  **1** |  |
| * Acute MI
 | **1** |  |
| * Ischemic stroke
 | **1** |
| * Acute infection
 | **1** |
| * Rheumatologic diseases
 | **1** |
| * Obesity ( BMI > 30)
 | **1** |
| * Hormone replacement therapy
 | **1** |  |
| **Surgical patients** |
| **Low risk (Not recommended)*** Minor elective abdominal or thoracic surgery (<30 min); no risk factor other than age
* Major vascular and laparoscopic surgery , knee arthroplasty, elective spinesurgery, shoulder surgery, isolated lower exterimity fracture (>30 min); age < 40 years; no other risk factors
* Minor trauma
 |
| **Moderate risk*** Major general, urological, gynecological, cardiothoracic, vascular, or neurological surgery; age ≥ 40 years or other risk factor
* Major trauma
* Minor surgery or trauma in patients with previous deep vein thrombosis, pulmonary embolism, or Thrombophilia(e.g. Antiphospholipid Syndrome or Factor V Leiden)
 |
| **High risk*** Fracture or major orthopedics surgery of pelvis, hip, or lower limb
* Major pelvic or abdominal surgery for cancer
* Major surgery, trauma, or illness in patients with previous deep vein thrombosis, pulmonary embolism, or thrombophilia
* Lower limb paralysis (for example, hemiplegic stroke, paraplegia)
* Major lower limb amputation
 |
| **\* Only if medical patient’s score is > 4 prophylaxis is recommended.****Prophylactic enoxaparin dose: 40 mg / daily****Prophylactic Heparin dose: 5000 units SC twice or three times daily****Clcr 20 to 29 mL/min: Reduce to 30 mg once daily (medical or surgical patients)****BMI ≥40 kg/m2: Empirically increase dose by 30% ( 40 mg every 12 hours).** |