

ALBUMIN USAGE IN AN INPATIENT CIRRHOTIC PATIENT POPULATION PRE AND POST ALBUMIN PROTOCOL IMPLEMENTATION (A4), Kayta

Kobayashi, Joey Wilkinson, Alissa Raines. Intermountain Medical Center, Salt Lake City, UT

(Kayta.Kobayashi@imail.org). IRB approved.

Background - Despite its expense and limited availability, human albumin is often inappropriately prescribed. On September 15, 2008, Intermountain Medical Center's hepatology service instituted an albumin use guideline outlining the appropriate use of albumin in complications of liver disease. Objective - Assess the impact of the new albumin use guidelines on albumin prescribing, patient outcomes, and hospital costs. Methods - Electronic medical records were queried for cirrhotic patients with spontaneous bacterial peritonitis, ascites, hepatorenal syndrome, or administered albumin during their hospital stay occurring 0-6 months pre-protocol implementation (pre-protocol group) and 0-6 months post-protocol implementation (post-protocol group). The albumin use for each patient was then manually reviewed. Results - The query for the pre-protocol group identified 109 patient visits for which 1117 albumin doses were dispensed. 79 patient visits representing 774 albumin doses met inclusion criteria. 82.4% of albumin prescriptions were for inappropriate indications according to the new guidelines. The query for the post-protocol group in the first 4 months post-protocol implementation has revealed a 40.4% reduction in albumin use so far. This data has yet to be

filtered for patients that meet inclusion criteria. Conclusion
- Further results and conclusions will be presented.