Albmin has a high impact on medication expenditure in hospitalized patients; however, there are still doubts on its correct use. There are some indications widely accepted while others are occasionally appropriate when some criteria are fulfilled.

To evaluate the appropriateness of albumin treatment in non-critical and non-oncohaematological patient according to published evidence, hospital prescription protocol and serum albumin values (SALBV).

MATERIAL AND METHODS

-Retrospective multicentric observational study of patients treated with albumin during 2013 in four university hospitals.
-Exclusion criteria: Critically ill and oncohaematological patients.
-Data collected:
  • demographics
  • service
  • albumin indication
  • albumin daily dose (ADD)
-Calculations: Percentage of adhesion to accepted recommendations; if no BSALBV albumin indication was considered inappropriate. Median (IQR) of age, ADD, TD, BSALBV, ESALBV and serum albumin increase (SALBI). Data were analyzed globally and stratified by indication.

RESULTS

Albumin indications and adhesion to accepted recommendations

475 patients were analyzed (127 paracentesis). 39% (178) were female and median age was 67 years (56-77).

OBJECTIVES

- SALBV at the beginning (BSALBV)
- SALBV at the end (ESALBV)
- treatment duration (TD)

Figure 2. Distribution of serum albumin values at the beginning and at the end of treatment.

Figure 3. Comparison of median BSALBV (g/L), median SALBI (g/L) and median ADD (g/day) stratified by indication.

CONCLUSIONS

Albumin prescription profile is not consistent with published recommendations. In this study, more than one quarter of the prescriptions were inappropriate. The main reasons were that the BSALBV were higher than the accepted criteria or unknown. It is necessary to ensure compliance with accepted guidance in order to achieve cost-effective practice.

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Albumin prescription profile is not consistent with published recommendations. In this study, more than one quarter of the prescriptions were inappropriate. The main reasons were that the BSALBV were higher than the accepted criteria or unknown. It is necessary to ensure compliance with accepted guidance in order to achieve cost-effective practice.