

# Evaluation of albumin 5% prescribing patterns in adult hospitalized patients

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## BACKGROUND

- Fluid resuscitation plays an integral role in the management of patients with intravascular volume depletion by improving cardiac output and organ perfusion<sup>1</sup>
- The debate surrounding the use of crystalloid versus colloid fluids remains a source of controversy due to limited and conflicting evidence<sup>2</sup>
- Emerging data, however, favors the use of crystalloids over colloids in addition to having cost benefits<sup>3</sup>
- Current protocols at some hospitals within the Baptist Health South Florida (BHSF) health-system allow for albumin 5% only for the following indications:
  - Plasmapheresis, dosing indicated by BHSF Plasmapheresis Protocol
  - Postoperative volume resuscitation after cardiac surgery only if > 3 L crystalloid has been administered in 24-hour period without adequate hemodynamic response

## OBJECTIVES

- The purpose of this study is to assess the prescribing practices of albumin throughout BHSF health-system prior to implementing criteria for use across the system

## METHODS

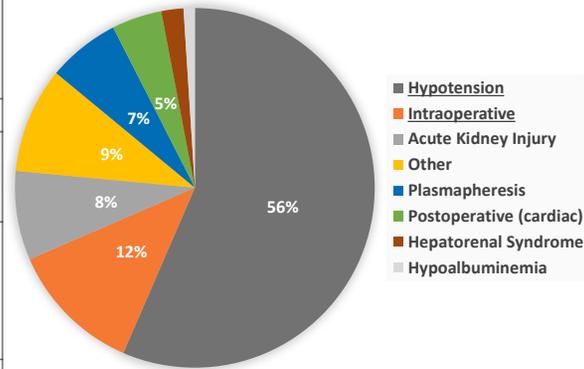
- Study Design:** Multi-center retrospective chart review of the patients who received albumin 5% in 2019
- Sample Size:** To achieve a sample representative of hospitals within the BHSF health-system, sample sizes were calculated based on usage and total bed count to obtain a total of 200 patients

- Inclusion Criteria:** Individuals ≥ 18 years old who were admitted in a BHSF hospital and received albumin 5% for any indication in 2019
- Exclusion Criteria:** Individuals who received albumin 5% in an outpatient facility of BHSF

- Primary Outcomes:**
  - Albumin 5% Prescribing Patterns
    - Indications
    - Ordering Specialty
    - Concomitant Medications
    - Dosage
    - Number of Doses

## RESULTS

Baseline Demographics	N=200
<b>Hospital Site</b>	
Baptist Hospital, n	128
Doctors Hospital, n	4
Homestead Hospital, n	12
South Miami Hospital, n	42
West Kendall Baptist Hospital, n	14
<b>Average Weight, kg</b>	
	72.29
<b>Past Medical History</b>	
CHF, n (%)	39 (20)
ESRD/CKD, n (%)	30 (15)
<b>Patient Characteristics:</b>	
ICU, n (%)	50 (25)
All Surgery, n (%)	72 (36)
Cardiac Surgery, n (%)	32 (16)
Concurrent Diuretic Use, n (%)	29 (15)
<b>Use During Rapid Response, n (%)</b>	21 (11)

**Albumin 5% Indications**


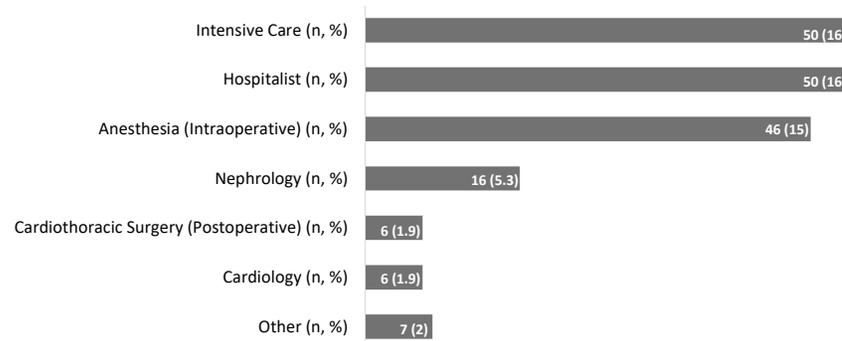
Dosing	
Number of Total Doses, n	304
Average Number of Doses per Patient, n	1.5
Number of Doses Given During Rapid Response, n (%)	26 (9)
Number of Patients with Repeated Doses, n (%)	80 (40)

	Prior Crystalloid Resuscitation	
	Past 4 hours	Past 12 hours
Indication: Hypotension, %	37	42
Indication: Intraoperative, %	71	75
All Other Indications, %	54	60

### Cardiac Surgery

0 out of 9 postoperative patients received ≥ 3 liters of crystalloid in the previous 24-hour period

### Albumin 5% Prescribing Specialty



## CONCLUSION

- Hypotension was the most common indication for albumin 5% prescribing.
- About 42% of hypotensive patients received crystalloids in the 12 hours preceding albumin 5% administration.
- The top 3 ordering specialties were intensive care, hospitalist, and anesthesiology.
- Per proposed criteria, 7% of patients received albumin 5% appropriately for plasmapheresis and 0% of patients received albumin 5% appropriately post-cardiac surgery.

## LIMITATIONS

- Potential for selection bias
  - Retrospective study design
  - Sample not representative of entire health-system
- Sole reliance on documentation in electronic health records
  - Inability to accurately assess for the presence of symptoms or identify indication
  - Inability to identify reason for selected fluid during surgery
  - Difficult to determine intraoperative blood pressure readings

## DISCUSSION

- This study illustrates an opportunity to improve fluid resuscitation in the management of hypotension and post-cardiac surgery.
- Data from this study will guide future efforts to standardize a protocol across the BHSF health-system and drive more appropriate albumin use.

## REFERENCES

- Cochrane Injuries Group Albumin Reviewers. Human albumin administration in critically ill patients: systematic review of randomised controlled trials. *BMJ*. 1998;317(7153):235-240. doi:10.1136/bmj.317.7153.235
- Perel P, Roberts I, Ker K. Colloids versus crystalloids for fluid resuscitation in critically ill patients. *Cochrane Database Syst Rev*. 2013;(2):CD000567. Published 2013 Feb 28. doi:10.1002/14651858.CD000567.pub6
- The SAFE Study Investigators. A comparison of albumin and saline for fluid resuscitation in the intensive care unit. *N Engl J Med*. 2004;350:2247-2256. doi: 10.1056/NEJMoa040232
- Tucker C. The Impact of Criteria for Use and a Prescriber Order Form on Albumin Utilization. *J Basic Clin Pharma* 2017;8:255-258.

## DISCLOSURES

- All authors of this presentation have nothing to disclose concerning possible financial or personal relationships with commercial entities that may have direct or indirect interest in the subject matter of this presentation.