# In HRS-AKI, make the HRS count

## Once you suspect HRS, use the complete AASLD Guidance criteria[1,a] to help make a diagnosis.

- Cirrhosis with ascites
- No improvement after 48 hours of diuretic withdrawal and plasma volume expansion with albumin (1 g/kg body weight per day)
- Increase in SCr ⩾0.3 mg/dL from baseline within 48 hours or ⩾50% increase in SCr that is known or presumed to have occurred within the preceding 7 days[b]
- Absence of shock
- No current or recent treatment with nephrotoxic drugs (NSAIDs, aminoglycosides, or iodinated contrast media)
- No signs of structural kidney injury, as indicated by proteinuria (>500 mg per day), microhematuria (>50 red blood cells per high-power field), and/or abnormal renal ultrasonography

**HRS-AKI is an acute condition that often becomes fatal.[2]**
**AASLD Guidance is clear: Early diagnosis and intervention is the goal.[1]**

*You are advised to use your own medical judgment in making patient-specific decisions.*

Visit **makethe HRScount.com** for more information about HRS.

AASLD, American Association for the Study of Liver Diseases; HRS, hepatorenal syndrome; HRS-AKI, hepatorenal syndrome–acute kidney injury; NSAID, nonsteroidal anti-inflammatory drug; SCr, serum creatinine.

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[b]Stable SCr values within the previous 3 months prior to hospitalization may be used as the baseline. However, if a previous SCr value before admission is not available, a diagnosis of AKI can only be made if SCr continues to rise during hospitalization.[1]

**References: 1.** Biggins SW, Angeli P, Garcia-Tsao G, et al. *Hepatology*. 2021;74(2):1014-1048. doi:10.1002/hep.31884 **2.** Flamm SL, Brown K, Wadei HM, et al. *Liver Transpl*. 2021;27(8):1191-1202. doi:10.1002/lt.26072

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