SrID	UserName	Organisation	Question	Createdon
1	Dillip	Eldoret	Management guidelines for HRS. Prognosis for HRS 1 and 2 ?	06-05-2020 10:23:53
			Prognosis of HRS-AKI is poor.needs early liver transplant mortality 60-80% HRS-2 relatively better 6 month mortality of 50%	
4	Dr forhad hossain	Dhaka medical college dhaka	How we differentiate AKI due to kidney disease or liver cirthsis Can see evaluate severity of liver disease and mean arterial pressure	06-05-2020 16:41:54
7	Sandeep Ratra	SMS JAIPUR	1. What is the role of urinary biomarkers in HRS ? NGAL,KIM1,L-FABP can differentiate HRS from ATN 2. A patient of decompensated cirrhosis with ascites and s. Creatinine more 4 and fulfilling criteria for HRS on admission should be started on terlipressin and albumin or volume expansion with albumin first for 2 days and then in non responsive cases to start terlipressin along with ? In such cases check whether patient has not developed ATN , r/o volume overload, give albumin and start terlipressin early rather than waiting for 2 days	06-05-2020 17:00:33
8	Ekant Gupta	Hyderabad	Can we treat HRS with albumin and midodrine and can we label HRS with minimal ascites also? Albumin with midodrine can be used for HRS-NAKI but not for HRS-AKI Poor response rates	06-05-2020 17:01:20
11	Arifa tasnim	Dhaka	How ATN dianosed in AKI in cirrhosis? What is management? In a clinical context,i.e.shock use of nephrotoxic agents, can use urine microscopy or biomarkers of tubular injury (uirn NGAL, KIM-1, IL18, L-FABP)	06-05-2020 17:04:06
12	Shankar	NAGPUR	Nephrologists keep adding sodium bi carbonates in AKI in cirrhotics. That increases ascites, what do we tell them? Should only be used in patients with renal tubular acidosis without progressive AKI or as a temporary option till we are able to perform dialysis Should not use unnecessarily	06-05-2020 17:06:03
13	Dr.B.Sheikh	kolkata	Its showing " EXPIRED" on the screen. Is it happening today or post ponded?	06-05-2020 17:06:15
14	Sanjib Kumar Kar	Cuttack	How to differentiate between Pre renal AKI and HRS Assesssing the response to volume	06-05-2020 17:08:41
15	Anand	Chennai	Does presence of SIRS on admission predispose to development of Aki/hrs in cirrhosis of liver	06-05-2020 17:09:22

			Yes has been well documented in patients with ACLF, severe alcoholic hepatitis can read papers published by our group	
16	Harish Darak	Mumbai	Is e- gfr validated in liver ds and if in acute conditions Yes eGFR can be measured using MDRD6, CKD-EPI cyst-creat and liver specific equations, GRAIL , Mindkglow	06-05-2020 17:12:11
17	Dr Ajay kumar	Aiims rishikesh	Fena or feurea which is helpful in distinguishing aki or atn when patients are already on diuretics Fractional excretion of urea is better in such patients	06-05-2020 17:14:16
19	Anand	Chennai	Role of renal resistivity index in diagnosis Very useful .The data shows it can detect AKI World j. of gastro 2014 We also our personal experience	06-05-2020 17:15:28
20	Anand	Chennai	When is combined liver kidney transplant indicated. There are clear criteria laid down Kindly refer to American journal of Transplantation 2008 • HRS itself is not an indication for CLKT. • ESRD patients with cirrhosis and symptomatic PHT or HVPG≥10 mm Hg; • Pts with ESLD and CKD with GFR ≤ 30 mL/min; • Pts with AKI including HRS with creatinine ≥ 2.0 mg/dL and dialysis ≥ 8 weeks • Pts with ESLD and evidence of CKD and kidney biopsy demonstrating > 30% glomerulosclerosis >30% fibrosis	06-05-2020 17:16:04
21	Ram babu	amalapuram	relevance of classification of renal dysfunction in liver disease, does management really changes Yes management has to be focussed towards specific etiology for best outcome	06-05-2020 17:17:30
22	Bhavik Shah	Kolkata	What is the preferred and reproducible method to assess GFR in patients having ascites? Cystatin C based equations CKD-EPI Cyst-Creat	06-05-2020 17:17:32
23	Tuhin Mitra	Varanasi	What is role of urinary Sodium , fractional sodium excretion and BUN/ s. Creatinine ratio in diagnosis of AKI in cirrhosis? Urinary sodium and fract sodium excretion may not be reliable in patients with cirrhosis on diuretics , BUN/Create may be better	06-05-2020 17:18:25
24	Dr Ajay kumar	Aiims rishikesh	Any role of dialysis in Aki with cirrhosis when dey r not fulfilling absolute criteria for dialysis Should never wait for meeting absolute criteria unless the patient himself has presented late	06-05-2020 17:18:38
25	Aditya Kale	Mumbai	Biomarkers to differentiate HRS AKI and non~HRS AKI? NGAL,KIM1, IL-18, L-FABP	06-05-2020 17:20:00

26	Vineet Mishra	varanasi	CLD are immunocompromised so whether all patients with aki should be catheterized (which may be a way to sepsis) or it should be on case per case basis? No only if they merit catetherization for instance incase of septic shock, multiorgan failure etc. requiring ICU admission	06-05-2020 17:20:07
27	Sajal Biswas	Bangladesh	How we can differentiate between AKI and AKD By duration of insult	06-05-2020 17:20:39
28	YASHAVANTH H S	HYDERABAD	What's the criteria for AKD(Acute kidney disease)? defined as AKI, or GFR <60 mL/min/ 1.73 m2 for less than 3 months, or a decrease in GFR by >35% or an increase in serum creatinine level by >50% for less than 3 months, or structural kidney damage of less than 3 months duration	06-05-2020 17:20:54
29	Anurag	Chandigarh	HRS AKI in ACLF vs cirrhosis- what's the difference ? More structural kidney damage due to presence of systemic inflammation and bacterial infection	06-05-2020 17:21:20
30	Sugata	Lucknow	If we have multiple values of serum creatinine over the last 3 months, which value should be considered as a baseline value ? As per guidelines the most recent value, closest to admission As per my personal opinion, lowest stable value	06-05-2020 17:21:55
31	Arun Singh	Indore	How prognosis is different between AKI in normal person Vs AKI in cirrhosis (Compensated and decompensated) AKI in compensated cirrhosis is mostly due to UTI Pathophysiological changes which govern AKI in patients with decompensated cirrhosis also predispose them to worse outcomes as compared to patients without cirrhosis	06-05-2020 17:22:23
32	Piyush Thakur	Varanasi.	Residents are often asked for the 24 hour urine volume. Should it be measured exactly or an approximate volume can suffice. Is it prudent to catheterise a patient for getting correct 24 hr urine volume. No catetherozation is not required It has to start from morning first urine sample till next day.	06-05-2020 17:22:29
34	Anand	Mumbai	How good is to rely on creatinine in cirrhosis to assess kidney function due to poor muscle mass & poor liver function ? Not reliable. However relative changes in serum creatinine in the same patient may be useful as is suggested in AKI criteria	06-05-2020 17:22:50
35	Achal	Bangalore	For calculating egfr - which is better - cockroft or MDRD ??? MDRD6	06-05-2020 17:23:15
36	Anurag	Chandigarh	Role of Fractional excretion of Sodium Added value but can be falsely high due to diuretic induced prerenal azotemia	06-05-2020 17:23:17

37	Lohith	Bangalore	Is there any advantage over Each other in GFR estimation formula Best as of now is either MDRD6 in case u have facility of doing cystatin C go for CKD-EPI Cyst-creat	06-05-2020 17:23:20
38	Venkatakrishnan	Coimbatore	Role Ungal. To diagnoise ATN and differentiate from HRS	06-05-2020 17:24:37
39	Dr.Sukanta Das	dhaka	How could we differentiate between HRS type I and AKI in cirrhotic patients? If no response to volume expansion	06-05-2020 17:26:00
41	Piyush Thakur	Varanasi.	How frequently you do urinary NGAL to differentiate AKI from ATN. Is there any clinical scenario where this can be helpful Higher the levels higher is the likelihood of ATN	06-05-2020 17:30:40
42	shubharthi kar	sylhet bangladesh	is there any role of Novel biomarker like NGAL in diagnosing AKI in Cirrhosis pts? No role in diagnosis of AKI	06-05-2020 17:30:42
43	Lohith	Bangalore	Which fluid I'd ideal for resuscitate per renal AKI. IV albumin, crystalloids (plasmalyte) of the volume required is more	06-05-2020 17:30:44
44	Parth Shah	Mumbai	what is the Role of urinary NGAL in the diagnosis of HRS-AKI ? Is it necessary/useful in all cirrhotic patients ? No role as of now Can differentiate HRS from ATN Higher the value more the diagnostic accuracy	06-05-2020 17:30:58
45	Neeraj	Hyderabad	In a patient of Cirrhosis with ascites started on diuretics, if the ascites resolves completely, should we stop diuretics completely or keep diuretics at lowest possible dose Should consider stopping and assess for recurrence . Many a times does not recur	06-05-2020 17:31:29
46	Piyush Thakur	Varanasi.	How frequently you do urinary NGAL for differentiating AKI from ATN. Is there any clinical scenario where this can be helpful I perform NGAL to differentiate from HRS assoc with infections and assess the need for dialysis	06-05-2020 17:31:42
47	Naveen TMU	Bhopl	Is the value of previous 3 months blood pressure is important? Yes of course MAP is the most important marker for development of AKI and other complication	06-05-2020 17:32:24
48	Anurag	Chandigarh	MANAGEMENT OF HRS NAKI	06-05-2020 17:32:54
49	Anand	Mumbai	Diuretics cause azotemia but not AKI /AKD,is it true?	06-05-2020 17:33:15

50	Vineet Mishra	varanasi	Whether previous criteria of HRS like absence of shock ,bleed, diuretics withdrawal, plasma expansion stands invalid with these new criteria of HRS?	06-05-2020 17:34:18
51	Dr Pankaj Bharali	Cuttack	Is their any role of "forced diuresis" in management of AKI in Cirrhotics ?	06-05-2020 17:34:21
52	Parth Shah	Mumbai	Can this diagnostic criteria for HRS also be used in post kidney transplant patients ? Are there any modifications in this population ?	06-05-2020 17:34:26
53	Naveen TMU	Bhopl	What is the minimum duration for either NSAID or diuretics to cause kidney damage	06-05-2020 17:34:40
54	Dr Ajay kumar	Aiims rishikesh	Any role of dialysis in Aki with cirrhosis when dey r not fulfilling absolute criteria for dialysis	06-05-2020 17:34:50
55	Swapnil Pendharkar	Indore	Few of our patients had reaction to albumin or non affordable. So can we use other volume expanders like hemaccel in such patients ??	06-05-2020 17:34:51
56	Mukund Virpariya	Rajkot	Role of routine use of MIDODRINE in patient of decompensated cirrhosis in form of ascites.	06-05-2020 17:35:39
57	Vineet Mishra	varanasi	To do and when to do paracentesis in CLD WITH AKI AND HE. How to decide bedside as it can be counterproductive?	06-05-2020 17:35:44
58	Jaydeep Patel	Jaipur	Any role of measuring cortisol level in patients with recurrent HRS AKI?	06-05-2020 17:35:49
59	Dr Jigar Patel	Ahmedabad	How to assess for raised intraabdominal pressure in patient with HRS AKI and when to do paracentesis in such patients and how much?	06-05-2020 17:36:56
60	Abhiman Pawar	Sangli	Mam, role of bile cast nephropathy in AKI? Does improved bilirubin levels with plasma exchange can reverse or prevent AKI?	06-05-2020 17:37:16
61	Dr santosh kjmar	Patna	Can we try to drain ascitic fuid in CLD pts with severe abdominal distension. 1.Quantitiy of fluid to drain 2.precautions before drain. 3.what to do if serum Creatinine will increase after tapping.	06-05-2020 17:37:34
62	Shivanshu	Delhi	Good evening mam Mam Is the management of aki is same in both aclf and decompensated cld? As aclf causes aki due to PAMPS and DAMPS....is there a role of HRS therapies in ACLF?	06-05-2020 17:37:42
63	Anand	Mumbai	Casts seen in urine analysis if bilirubin is high without glomerular / tubular disease	06-05-2020 17:37:42
64	Sunil Raviraj	Trivandrum	Which is the best modality of diagnosing HRS AKI.. response to treatment or markers like NGAL ??	06-05-2020 17:37:52

65	Gandhi	Hyd	Role of bun creatinine ratio in differentiating Pre renal AKI from ATN Can be used for differentiation	06-05-2020 17:39:42
66	Dr Pankaj Bharali	Cuttack	How to manage a case of HRS-CKD with Refractrory Ascites on Midodrine with recurrent bacterial UTI presenting with AKI? Treatment of urinary tract infection Can withdraw midodrine and switch to terlipressin if required	06-05-2020 17:39:55
67	Abhinav	Delhi	How relevant is doing urine analysis in patients who have oliguria/anuria? Even in patients with oliguria spot urine examination can give useful information	06-05-2020 17:40:00
68	Arun Singh	Indore	What is sensitivity of urine r/m to differentiate between HRS and ATN I have covered in detail in my talk	06-05-2020 17:40:31
69	Shivam	Delhi	Please repeat hrs definition Kindly refer to this paper ***J Hepatol*. 2019;71(4):811–822**	06-05-2020 17:42:11
71	Prajna Anirvan	Cuttack	What is the role of ACR in AKI-HRS spectrum? I covered this aspect in my talk	06-05-2020 17:42:41
72	kartik	chennai	what is the cutoff for NGAL to differentiate between ATN and pre reanl AKI? In our series of patients 400	06-05-2020 17:43:29
73	THIRUMAL	Pondicherry	Can we rely on lab for urine microscopy or personally have to see? Better to have an expert pathologist looking at all details	06-05-2020 17:43:42
74	Rohit	DELHI	How accurate is KDIGO in liver cirrhosis...wat was demerits of AKIN/RIFLE in cirrhosis? KDIGO is better in ICU patients with liver cirrhosis, RIFLE is no more recommended KDIGO has also been incorporated by IAC	06-05-2020 17:43:49
75	Piyush Thakur	Varanasi.	If ATN doesnt respond to volume expansion, do we use terlipressin or not Terlipressin should not be used in case u know its ATN	06-05-2020 17:43:49
76	Shreya Butala	Lucknow	What is the cutoff for epithelial cells in urine for predicting early ATN? Usually more than 10 assoc with tub epithelial injury	06-05-2020 17:44:00
77	Rohan Yewale	Chennai	Nosocomial vs community acquired AKI ? Nosocomial is AKI developing in hospital	06-05-2020 17:44:08
78	Raghuveer	Bangalore	How to diagnose cholemic nephropathy I answered this question	06-05-2020 17:44:15
79	Piyush Thakur	Varanasi.	If ATN doesnt repond to volume expansion, do we use terlipressin or not Ideally should not use terlipressin in established ATN	06-05-2020 17:44:20
80	Aditya Vikram pachisia	New delhi	Won't UTi confound the diagnosis of ATN using urine albumin? Yes should be ruled out	06-05-2020 17:44:21

81	Abhinav	Delhi	What component of renal dysfunction is due to bile cast nephropathy? How to we differentiate HRS and ATN, in a patient who develops AKI-HRS and also has diabetes related proteinuria or IgA nephropathy related proteinuria? Urine microscopy can differentiate HRS from ATN Bile cast behaves as ATN IgA nephropathy patients usually have microscopic hematuria which is not common in diabetic kidney disease	06-05-2020 17:44:58
82	Prajna Anirvan	Cuttack	How do we approach AKI in CLD in a resource constrained setting, considering the magnitude of CLD in our country and the lack of availability of all the investigations required to delineate the spectrum of kidney injury? I covered in detail regarding role urine microscopy	06-05-2020 17:45:03
83	Prasanta Debnath	Mumbai	What are the clinical implications of differentiating HRS AKI and HRS-NAKI-AKD? Prognostic or therapeutic benefit associated with it? HRS-AKI is more aggressive AKI which required admission HRS-AKD is indolent and can be managed as outpatient	06-05-2020 17:45:53
84	Rahul Agrawal	Surat	Role of resistive index to predict early renal dysfunction in cld Can be used for early diagnosis of AKI	06-05-2020 17:46:13
85	Pratik	Lucknow	In pt with raised INR ,pt can have hematuria so how to diff bw hematuria due to structural diz of kidney vs raised inr Evaluate for dysmorphic RBCs/erythrocyte casts and other features like proteinuria and repeat urine microscopy	06-05-2020 17:46:43
86	Pratik	Lucknow	Will s.creatinine be come down to normal in HRS after treatment Yes in some it may recover completely in some it may not	06-05-2020 17:47:32
87	Raghuveer	Bangalore	For choleremic nephropathy do we measure serum bile acids in cirrhotics or bile acids in biopsied tissue of kidneys ??? Bile acids are usually correlated but a cut-off has not been determined	06-05-2020 17:47:59
88	Pratik	Lucknow	Role of blood urea in monitoring Very important. Rather more relevant in sick patients wherein creatinine does not increase because of so many reasons.	06-05-2020 17:48:00
89	sameer patel	chennai	urine albumin is marker of glomerular injury (nephrotic, nepritic syndromes). how do you explain its rise in acute 'tubular' necrosis and good accuracy just after ngal? U need to see in clincal context. Other features suggestive of glomerular injury, high MAP, presence of RBC casts	06-05-2020 17:48:21
90	S K Sharma	N delhi	Why Cystatin and NGAL have not become commonplace despite their proven efficacy? CTVS surgeons use these routinely postoperatively to pick up early AKI.	06-05-2020 17:48:54

			In case u have the facility should use Not currently recommended in guidelines for management of cirrhotics	
91	Dr Nipun	chandigarh	1. Kindly tell any development in the differentiation between sepsis HRS and sepsis ATN 2. cardiac evaluation protocol in ILBS in patients with AKI Most difficult to differentiate Sepsis related HRS will respond to terlipressin but not ATN Presence of granular cast in urine confirms diagnosis of ATN Cardiac evaluation in shock patients is routinely done using volume-view fl;ow track and NT-ProBNP and echo For non-intubated bedside ECHO with right heart pressures	06-05-2020 17:49:14
92	Parth Shah	Mumbai	What are the criteria to consider SLKT ? are there any changes/modifications in INDIAN scenario ? There are clear criteria laid down Kindly refer to American journal of Transplantation 2008 • HRS itself is not an indication for CLKT. • ESRD patients with cirrhosis and symptomatic PHT or HVPG≥10 mm Hg; • Pts with ESLD and CKD with GFR ≤ 30 mL/min; • Pts with AKI including HRS with creatinine ≥ 2.0 mg/dL and dialysis ≥ 8 weeks • Pts with ESLD and evidence of CKD and kidney biopsy demonstrating > 30% glomerulosclerosis >30% fibrosis	06-05-2020 17:50:14
93	ILBS	DELHI	when do we say patient is Terlipressin unresponsive?? If no improvement in the whatever parameters were used in defining or staging AKI.	06-05-2020 17:50:19
94	Dr. Ravi Shukla	Bhilai	When to stop Spironolactone in a patient with compensated cirrhosis ? No need to give spironolactone in compensated cirrhosis	06-05-2020 17:50:34
95	Vineet Mishra	varanasi	Exact indications of midodrine , duration you prefer, and side effects you noticed in clinical practice? I initiate with low dose usually 2.5 mg TDS increase to 5-7.5 mg TDS as required for targeting MAP. Consider reintroduction of diuretics if patient tolerates taper and stop in 6-8 weeks. If carefully monitored and administered usually I do not experience any side-effects.Should choose ur patients well and not administer in patients with contraindications	06-05-2020 17:50:40
96	Dr.Sukanta Das	dhaka	What about the use of Diuretics in HRS AKI?Because,in AKI diuretics is important modalities of treatment? Only for handling volume overload in patients. In progressive AKI will cause more harm than good	06-05-2020 17:51:14

97	Dr. Ravi Shukla	Bhilai	What should be the minimum dose if we have to continue it ? Of what	06-05-2020 17:51:15
98	Chathura Lakmal Piyarathna	Sri Lanka	Any place of IV NAC in HRS, I answered this question	06-05-2020 17:51:35
99	Anuraag	Chandigarh	Role of vasoconstrictor in HRS NAKI Midodrine is good choice	06-05-2020 17:51:45
100	Bhavik Shah	Kolkata	How do we use and monitor diuretics in patients with ascites in DCLD with CKD? With KFT Better to avoid, consider LVP with albumin	06-05-2020 17:51:55
101	Pallavi	Delhi	What r the effects of Terli on heart ? In which cardiac conditions is terlipressin c/i CAD, IHD Can cause myocardial depression , both brady and tachyarrythmias	06-05-2020 17:52:07
102	Dr.Sukanta Das	dhaka	Should we level all AKI as HRS AKI in cirrhotic patients? No . Stratify each patient	06-05-2020 17:52:31
103	Chathura Lakmal Piyarathna	Sri Lanka	Do you believe IV Terlioressiin infusion is more effective than IV Terlioressin blouses? Yes There is a RCT published Cavallin et al	06-05-2020 17:52:31
104	Manoj kumar joshi	Haldwani	How long to give terlipressin and how Till complete resolution of HRS-AKI	06-05-2020 17:52:41
105	Anand	Mumbai	Role of Noradrenalin & albumin v/s midodrine-octrotide-albumin In HRS-AKI Norad +albumin is better	06-05-2020 17:53:04
106	Naveen TMU	Bhopl	Whether this patient was given diuretics after recovery No he didn’t require diuretics	06-05-2020 17:53:09
107	Satyendra Tyagi	Meerut	Cost benefit ratio of weekly albumin visa vis AKI Albumin has multiple benefits Overall answer study did looked at this	06-05-2020 17:53:16
108	Vineet Mishra	varanasi	Terlipressin responder hrs- any definition as most patients develop loose stools before we reach recommended doses. This is one of the most common side-effects Check for volume contraction in such patients	06-05-2020 17:53:16
109	Parth Shah	Mumbai	Can this diagnostic criteria for HRS also be used in post kidney transplant patients ? Are there any modifications in this population ? No u need to see other more common causes of AKI in this population. No guidelines and I have no experience on this population	06-05-2020 17:53:44

110	Parth Shah	Mumbai	What are the criteria to consider SLKT ? are there any changes/modifications in INDIAN scenario ? I have already answered	06-05-2020 17:53:51
111	Naveen TMU	Bhopl	Whether this patient would have helped if given midodrine once aki improve Yes I mentioned that in my talk	06-05-2020 17:54:05
112	Shreya Butala	Lucknow	How to manage patients with refractory ascites with AKI on CKD (DM Nephropathy)? Based on cause of AKI and then as CKD after AKI recovery. Assess for cardiac status in this population	06-05-2020 17:54:06
113	Naveen TMU	Bhopl	Whether this patient would have helped if given midodrine once aki improve yes	06-05-2020 17:54:10
114	PRAFUL DESAI	NAVASARI	Any dose adjustment for terlipressin in severe CKD Should not be given in CKD, excepting HRS-CKD	06-05-2020 17:54:17
115	Piyush Thakur	Varanasi	There was a study from AIIMS where they showed Dopamine, Albumin and Furosemide is comparable to Terlipressin and Albumin in HRS. Have you used the triple therapy- Dopamine, Albumin and Furosemide. If yes, how has been your experience I have never used, have no experience	06-05-2020 17:54:50
116	Dr.B.Sheikh	Kolkata	How will you treat these kind of patients in respect to HRS AKI? Which patients ?	06-05-2020 17:55:05
117	Pallavi	Delhi	For fluid replacement can we use normal saline ? Or gelofusine is better than NS? Along with albumin I have no experience on colloids other than albumin. There is comparative data of other colloids with albumin with inferior results.	06-05-2020 17:55:11
118	Shreya Butala	Lucknow	CAn TIPS be done in patients with refractory ascites with non-oliguric CKD with creatinine >2mg/dL? Our own experience not very encouraging in this group	06-05-2020 17:55:19
119	Bhavik Shah	Kolkata	Do you suggest use of long term albumin therapy in Indian context? Yes if patient can afford a short course of atleast a month should be considered	06-05-2020 17:55:29
120	Naveen TMU	Bhopl	Any guidelines regarding use of diuretics and aki Should usually avoid excepting in patients with normal renal functions or resolving AKI with volume overload	06-05-2020 17:55:36
121	Agnibha Dutta	Kolkata	When and how to assess after starting albumin+ terlipressin? When to stop? Assess using urine output or creatinine. Once u have achieved complete resolution	06-05-2020 17:55:47
122	waiphyo	MYANMAR	Can we use noradrenaline instead of telipressin in HRS? Indication for dialysis in HRS?	06-05-2020 17:55:50

			Yes is a good option. Standard indications for dialysis should be followed. No benefit of dialysis in HRS with limited renal recovery	
123	Gaurav Sharma	Delhi	Dose of terlipressin infusion? We start with 1-2 mg in 24 hours and have used max upto 3 mg	06-05-2020 17:56:03
124	Kailash Kolhe	Mumbai	Mam, should HRS pts in their early spectrum be considered for Meld exception. Your opinion. Thank you so much Yes, HRS should be get extra points in MELD allocation. These patients will anyways have high MELD. For such patients MELDNa is better	06-05-2020 17:56:04
125	Sajal Biswas	Bangladesh	In our country 20% albumin is available.How we can ensure 5% albumin? We have 5% albumin also. U can give in situations where u required higher volumes. Costs less to the patient	06-05-2020 17:56:43
126	Veenu	Mumbai	Whether ascites is necessary as per new guidelines for HRS definition? as it was there in previous definition Yes, HRS is a complication in patients with cirrhosis and ascites	06-05-2020 17:56:46
127	waiphyo	MYANMAR	When should we do abdominal paracentesis in HRS and how much? In tense ascites, atleast modest volume paracentesis to relieve the IAP	06-05-2020 17:57:17
128	VINIT KUMAR TOMAR	HYDERABAD	how long we should continue terlipressin in those who responding? should we taper it before stop or not? Until complete resolution. Should adjust dose as per target MAP.	06-05-2020 17:57:26
129	Jiwan Thapa	Kathmandu	1. Some patients of HRS Aki respond to standard therapy with terlipressin and albumin but become dependent at some point of therapy.. Try midodrine in such patients 2. .How do we proceed further. 2. Pt's develop diarrhea and subsequent paralytic ileus with terlipressin.. which limits its use at times with bad prognosis ...any other agents that can be tried at such Pt's.?? Thank you Try and avoid high doses of terlipressin in patients with severe septic shock especially those who are anuric and have established ATN Check for concomitant laxative use Most common reason is mesenteric ischemia especially in patients with SBP	06-05-2020 17:57:30
130	Ravi Thakur	BHU varanasi	When should a patient with AKI HRS undergo dialysis. Standard criteria should be followed. Delayed dialysis better	06-05-2020 17:57:51
131	Gandhi	Hyd	Role of Midodrine in HRS NAKI Can help in ascites resolution and improving deranged hemodyanmics	06-05-2020 17:57:57

132	Dr Jigar Patel	Ahmedabad	Any role of midodrine for HRS that is non responding to Albumin and terlipressin or Noradrenaline, especially when MAP is not increasing? No midodrine is a very weak vasoconstrictor is actually used for weaning vasopressors	06-05-2020 17:58:31
133	VINIT KUMAR TOMAR	HYDERABAD	when we should think of adding Midodrine in HRS-AKI? In case patient is recovering and u want to switch to oral therapy for early discharge	06-05-2020 17:58:34
134	vipul chaudhari	mumbai	How and when to step up terlipressin dose in HRS based on urine output in case of urine out put <0.5ml/kg/hr despite starting terlipressin? Is it always necessary to wait for assessing response till 48 hours? I answered this question	06-05-2020 17:58:36
135	Pankhur	Varanasi	What's the starting dose of midodrine and when to stop therapy? Target the map. Usually I prefer stepping up 2.5 mg TDS to 5 mg TDS	06-05-2020 17:58:39
136	Dr. Ashrafujjaman	Dhaka	Is there any prognostic role of NGAL in HRS? Yes higher values associated with non-response/ may be coexistent ATN in sepsis related HRS	06-05-2020 17:58:39
137	Noble Mathews	Chennai	1. Is there a recommendation on the rate of albumin infusion in patients with HRS or is it based on target MAP? 2. Does having recieved iv albumin prior to urine analysis affect urine albumin estimation in cirrhotics? I discussed this aspect in my talk My personal view is we should give response-guided based on assessment by dynamic indices If serum albumin is very low ideally albumin should be admisistered to assess the urine albumin excretion	06-05-2020 17:58:56
138	Prasanta Debnath	Mumbai	What if pt doesnt respond to 14 days Albumin Terlipressin in HRS AKI? Can we try different regime with Norad or Mido/Octr or its LT/SLKT the only option? U should plan early liver transplant. Mostly it recurs	06-05-2020 17:59:01
139	Bhavik Shah	Kolkata	Do you suggest using 1g/kg of albumin in Indian population? I would go with invidulised therapy	06-05-2020 17:59:26
140	Dr.B.Sheikh	Kolkata	Why you dont want to reduce IAP by paracentesis and want to use Terlipressin and albumin? I never said that I would consider modest-volume paracentesis in such patients apart from routine treatment	06-05-2020 17:59:33
141	anubhav	jaipur	comment on starting on vasoconstrictor or right from day 1 in stage 3 hrs- aki No HRS-AKI should be diagnosed only if AKI is volume non-responsive.	06-05-2020 17:59:34
142	jaseem ansari	bengaluru	Terlipressin bolus doses vs 2 mg IV infusion. Other than the benefit of decreasing the adverse effects with infusion , how effective is infusion compared to bolus doses in terms of	06-05-2020 17:59:47

			improvement of renal function in HRS AKI . If it is equally good can it replace bolus doses considering lower dose requirement and hence the lower cost Yes I discussed the study and data on this	
143	vishnu agarwal	jaipur	dose of terlipressin and albumin during infusion therapy in Type1 HRS Should start from 2/24 hours mg and increase as required targeting the MAP	06-05-2020 17:59:50
144	Abhinav	Delhi	If a patient is on secondary prophylaxis with beta blocker for vatical bleed, and develops AKI, after how long of resolution of AKI can we restart beta blockers? No data but around 2 weeks is Ok if patient has a good MAP	06-05-2020 17:59:52
145	Chitta Ranjan Khatua	Berhampur	Is there any management difference between AKD and AKI? AKI is mostly resolves while AKD persists and has risk of progression to CKD	06-05-2020 17:59:52
146	kartik	CHENNAI	resp maam, how much terlipressin and albumin do you use as an infusion? and for how long? how do you assess the response in HRS? and for how long do you give these medication? I use albumin initially which I do not fix but indivdualise for each patient and terlipressin at 2 mg/24 hours mostly gives me the desired response Till complete resolution of AKI	06-05-2020 17:59:54
147	Pratik	Lucknow	Please show 2nd last slide of algorithm	06-05-2020 17:59:55
148	Shivam	Delhi	Please upload old lectures so that we can hear them again if we have missed	06-05-2020 18:00:04
149	K t shenoy	Trivandrum	Good lecture Best wishes SHENOY Thanks a lot!	06-05-2020 18:00:13
150	shubharthi kar	sylhet bangladesh	is there any usefulness of PD as RRT option in AKI with Cirrhsosis patients? Very difficult because of ascites , crrt better No personal experience Initial experience not encouraging, high incidence of SBP	06-05-2020 18:00:13
152	Lohith	Bangalore	How to titre Midodrine in patients who do not tolerate Terrli or if there is contraindications for Terli Usually both drugs have similar contraindications Terli is much more stronger vasoconstrictor Norad would be better	06-05-2020 18:00:20
153	kartik	CHENNAI	If Noradrenaline is being used in HRS, what is the maximum duration of use and how to taper use? Noradrenaline should be used targeting the desired MAP. No fixed dose	06-05-2020 18:00:24

154	Dr.Pranav	HYDERABAD	When is simultaneous liver kidney transplant required in these patients ? In HRS-CKD no data LIVER TRANSPLANT alone better In case CKD unrelated to liver or patient meets criteria as under Kindly refer to American journal of Transplantation 2008 • HRS itself is not an indication for CLKT. • ESRD patients with cirrhosis and symptomatic PHT or HVPG≥10 mm Hg; • Pts with ESLD and CKD with GFR ≤ 30 mL/min; • Pts with AKI including HRS with creatinine ≥ 2.0 mg/dL and dialysis ≥ 8 weeks • Pts with ESLD and evidence of CKD and kidney biopsy demonstrating > 30% glomerulosclerosis >30% fibrosis	06-05-2020 18:00:27
155	Anil Kumar G	Mysore	Sir/ mam, till how long terlipressin and albumin to be given in HRS patients once they start improving? Till complete resolution of AKI	06-05-2020 18:00:30
156	Dr RAJEEV SHARMA	Indore	Timing of both kidney and liver transplant simultaneously in Acute kidney disease No Guidelines Wait for meet criteria for CKD or evaluate using kidney biopsy	06-05-2020 18:00:33
157	jaseem ansari	bengaluru	How can we differentiate HRS AKI and HRS - NAKI as soon as we know that the injury is not responding to volume expansion HRS-NAKI is fixed damage not reversible Patient may develop hrs-aki over this which can reverse	06-05-2020 18:00:38
158	vishnu agarwal	jaipur	role of midodrrine in HRS-AKI Limited benefit as comp to terli or norad	06-05-2020 18:00:48
159	jaseem ansari	bengaluru	when is long term albumin therapy indicated and what dose should be given in patients with refractory ascites to prevent development of complications dose can vary from 20-40 grams/week	06-05-2020 18:00:57
160	THIRUMAL	Pondicherry	Hyponatremia management?? Is a separate lecture Vasoconstrictors and albumin both useful	06-05-2020 18:01:04
161	Bhushan	Hyderabad	Is there any role of albumin and terlipressin in AKI in ALF? No personal experience . No recommendation	06-05-2020 18:01:04
162	Rohan Yewale	Chennai	What is the exact scenario when midodrine can be use ? What dose ? Target the MAP. Start with low dose 2.5 mg TDS and increase	06-05-2020 18:01:08
163	Ajay chaudhary	Lucknow	Alb plus octreotide for HRS - its role ? No should be the last choice	06-05-2020 18:01:21

164	Dr RAJEEV SHARMA	Indore	Timing of kidney biopsy in ACUTE KIDNEY DISEASE and how much it helps No guideline Choose ur case after assessment of risks versus benefit	06-05-2020 18:01:29
165	Anand	Mumbai	How much rise in MAP will lower creat e.g. rise > 9 mm Hg will lower 1 mg creates it true? Not aware of any such direct relation/Improving MAP improves AKI in HRS	06-05-2020 18:01:51
166	Harshal	Pune	Role of Midodrine When and in whom .?	06-05-2020 18:01:55
167	Satyendra Tyagi	Meerut	Cost benefit ratio of weekly albumin visa vis AKI	06-05-2020 18:02:00
168	Rahul	Jodhpur	Can TIPS be considered as treatment in patient who is requiring recurrent admission for AKI-HRS and if yes, then when Consider TIPS early than late. I would prefer in patients with MELD below 15	06-05-2020 18:02:39
169	Dr R srinivasa Murty	Kakinada	Is Terlipressin infusion better than bolus dose strategy in HRS AKI	06-05-2020 18:02:42
170	Tryambak Samanta	Kolkata	Is Biomarkers for ATN AKI available in market in India and if, what is the approximate cost?	06-05-2020 18:03:10
171	Jang Dilawari	Chandigarh	Urine analysis are normally not done the way you have proposed Any study to correlate bio markers with ursine analysis We are performing this study sir . As u rightly said no data	06-05-2020 18:03:27
172	shubham	new delhi	in a decompensated cirhotic patient with pre renal picture and without history of obvious fluid loss- what should be the first fluid replacement therapy- -cyrstalloid trial should still be given first or directly albumin first? Can give crystalloids if serum albumin is not below 2.-2.5	06-05-2020 18:03:57
173	Venkatakrishnan	Coimbatore	Duration of albumin and vasoconstrictor therapy before we say it is not responsive. Terlipressin starts showing immediate effects can monitor using urine output in ICU patients or with creatinine at 24 hours in WARD patients after the target MAP has been achieved and dose has been titrated	06-05-2020 18:04:02
174	Shubham Jain	Mumbai	Whether our treatment should be changed based on new ICA classification Yes definitely, will lead to earlier diagnosis of AKI in patients where creatinine would be influenced by extraneous factors	06-05-2020 18:04:11
175	Dr Ajay kumar	AiimsRISHIKESH	If atn sets in no absolute indication of dialysis any role of dialysis Dialysis should always be performed for atleast some indication. As such ATN not an indication	06-05-2020 18:04:21

176	Swapnil	Mumbai	How & when to step up dose of TERLI press in continuous infusion in HRS After HRS resolution	06-05-2020 18:04:26
177	radha krishna	visakhapatnam	In practise where from Responsive HRS and need for RRT dont you think rest is hair splitting Yes I agree	06-05-2020 18:04:57
178	Jang Dilawari	Chandigarh	Does the clinical management differ in patients with acute or subacute AKI The causes would be different and therefore the management sir	06-05-2020 18:05:26
179	Bhavesh	Lucknow	How to differentiate between Preranal Aki vs HRS with maximum sensitivity and specificity? If AKI is volume non-responsive (progresses) or does not resolve (remains persistent) at 48 hours.Usually the response will be seen in prerenal AKI at the end of 24 hours itself	06-05-2020 18:05:27
180	Anil Kumar G	Mysore	Madam, midodrine should be aleaal be given with albumin? How long the duration of midodrine? Till u have resolutionof ascites or until liver transplant or TIPS	06-05-2020 18:05:35
181	Mithra	Visakhapatnam	What are the different modes of dialysis do you use in critically ill cirrhotics and when ? I use CRRT in patients with hemodynamic instability, cerebral edema or seizures secondary to hyperammonemia, hyperlactatemia, ARDS. In rest all cases SLED	06-05-2020 18:05:44
182	SIMNA L	Trivandrum	Fluroquinolones predispose to interstitial nephritis, what about prescribing Norflox for SBP prophylaxis It is not a very common complication but becomes important in case u get a patient with drug induced interstitial nephritis	06-05-2020 18:05:55
183	Parth Shah	Mumbai	Should TIPS be considered for patients with refractory ascites and AKI ? what are your takes on the same ? No TIPS should never been done in AKI. Unless there is an emergency, should only be performed in patients with AKI resolution.	06-05-2020 18:05:59
184	sudheer	delhi	How can we differentiate HRS in ACLF because in most of the cases cause od AKI is multifactorial like shock, sepsis, drugs etc. How can we know which component is predominant? Terlipressin can be tried in case patient does not have severe septic shock as it may improve outcomes. Dialysis in ACLF has no outcomes without LT	06-05-2020 18:06:05
185	Srikanth	Ahmedabad	How to assess renal reserve Ideal is to do measured and stress GFR Estimates of GFR using different equations, performing Cystatin C could be valuable	06-05-2020 18:06:23
186	Anil Kumar G	Mysore	Mam re imitation of diuretic after HRS, what all to be monitored? When to initatin?	06-05-2020 18:06:28

			I would not initiate until 7-10 days and give along with midodrine in low doses carefully monitoring the KFTS,	
187	Dr saurabh singh	Dehradun	when to restart diuretics....after how long once patient had recovered from AKI?? Identify, what caused diuretic induced AKI. Correct the cause and restart at lower dose at 7 days	06-05-2020 18:06:31
188	Rakesh	Lucknow	What is difference between management of HRS sbp related vs HRS aki of other causes vs septic AKI Nobody has compared. Good thought for research. I feel SBP related AKI will have the best outcome.	06-05-2020 18:07:02
189	Dr santosh kjmar	Patna	Cause of negative culture growth despites lots of WBC in urine exam Comes under sterile pyuria most common is to rule out renal tuberculosis in cirrhotics. Other causes could be interstitial nephritis or nephrocalcinosis	06-05-2020 18:07:19
190	Amit kumar Singhal	Jalandhar	Any role of combining noradrenaline and terlipressin We mostly do that in less severe septic shock in cirrhotics.	06-05-2020 18:07:51
191	shubham	new delhi	should diuretics be stopped in all the cirrhotic patients with AKI? or a cystalloid trial can still be given and dose of diuretics decreased simultaneously Diuretics should be stopped	06-05-2020 18:07:51
192	Dr Pavan H	Pune	Is it necessary to wait for 48hrs for plasma volume expansion before starting Terlipressin, taking into account risk of pregression of HRS ? No we should go by dynamic assessment by urine output or other parameters rather than waiting 48 hours.	06-05-2020 18:07:58
193	Venkatakrishnan	Coimbatore	In refractory ascites with mild AKI any role albumin and frusemide infusion. Yes SGPGI has lot of experience. I have personally not tried.	06-05-2020 18:07:59
194	Aditya Kale	Mumbai	What are Nephroprotective strategies in patients with liver diseases? Adequate hydration, avoidance of diuretics, NSAIDS, nephrotoxic agents, maintaining MAP and hemodynamics and long term albumin	06-05-2020 18:09:01
195	Aadish Jain	Mumbai	In HRS terlipressin can be given for how much time Till complete resolution	06-05-2020 18:09:22
196	srikanth	delhi	Use of diuretic infusion over 24 hour infusion for decongestion in cirrhosis-AKI Can be tried if AKI is resolving.	06-05-2020 18:09:35
197	Parth Shah	Mumbai	Which is better Norepinephrine infusion or terlipressin infusion in HRS ? How to choose among the two ?	06-05-2020 18:09:36

			Terlipressin is definitely better but if higher doses are required as in patients with shock better or to achieve target MAP better to consider switching or adding norepinephrine to reduce side-effects.	
198	Shubham Jain	Mumbai	How can we estimate kidney reserve before starting diuretics to prevent future aki episodes No data or recommendation I personally estimate GFR and perform cystatin C for all my patients.	06-05-2020 18:09:47
199	avinash kumar	patna	1. Sick CLD patient on intropic support (Noradr) with HRS, is there any role of adding Terlipressin. 2. Is there association of PPI with HRS-AKI Yes if the septic shock is not very severe as side-effects become a concern. Bolus terlipressin intermittent (1 mg) can be tried. The dose of continuous infusion beyond 2 mg is usually associated with side effects 2. I do not know	06-05-2020 18:10:38
200	Dr.Thasneem Taj	Coimbatore	How & when to start diuretic after an episode of AKI? Can wait and identify and correct the inciting agent. If not, start at a lower dose after 7-10 days.	06-05-2020 18:10:45
201	anubhav	jaipur	cvp is fallacious in cirrotics and aclf , how to asses the volume status IVC or SVC variation, PLR test If intubated can use PPV or SVV.	06-05-2020 18:10:51
202	Aadish Jain	Mumbai	How terlipressin infusion is given ? In 5% dextrose	06-05-2020 18:10:58
203	kartik	CHENNAI	EASL recommends fluid resuscitation for 1A stage-- can we give albumin here instead? if yes, then what dose yould you recommend? I would give albumin individualized to each patient and this will be guided by clinical assessment of IVC. If the requirement is more will add crytslloids.	06-05-2020 18:11:16
204	Rajeev	Trivandrum	Role of TIPSS in HRS No role in AKI-HRS Can benefit limited patients with HRS-CKD	06-05-2020 18:11:22
205	Murali Rangan	TRICHY	When monitoring urine output, how to assesss true body weight in a patient with large ascites? Go by ideal body weight	06-05-2020 18:11:37
206	Vaishali Dubey	New Delhi	Role of tolvaptan in aki/ ckd with hyponatremia in PT with liver cirrhosis. And should we continue fluid restriction on tolvaptan? Tolvaptan needs lot of careful selection and patient monitoring. No fluid restriction with this drug	06-05-2020 18:11:47
207	Umashankar	Chennai	Any Role of pentoxyphylline in hrs? Yes to prevent HRS in severe alcoholic hepatitis	06-05-2020 18:11:58

208	Abhiman Pawar	Sangli	How terlipressin helped in case of elevated cystatin c? Terlipressin non-responders had higher cystatin C	06-05-2020 18:12:05
209	Parth Shah	Mumbai	When to introduce Midodrine in management of HRS ? Btter drug for HRS-CKD rather than HRS-AKI	06-05-2020 18:13:30
210	Kushan Sengupta	Chennai	For how long can we give terlipressin in HRS if it is not responding? Up to what dose can be given? As against the published literature, I never go beyond 3mg dose, as in my personal experience no benefit only side effects.	06-05-2020 18:13:44
211	Achal	Bangalore	Tense ascites with aki in cld what fluid is recommended ? Albumin 20% or 25% would be the best	06-05-2020 18:13:52
212	Shubham Jain	Mumbai	What precautions should be taken before starting terlipressin And what parameters should be monitored during therapy Check cardiac status, ECG and r/o CAD, CKD, HTN, paralytic ileus in SBP, patient should not be hypovolemic, severe hyperlactatemia Monitoring of all parameters relating to AKI and metabolic functions	06-05-2020 18:14:15
213	Aadish Jain	Mumbai	Does etiology of cld have any relation with development of hrs Not aware. Its related to severity of vasodiltation	06-05-2020 18:15:03
214	Abhishek	Hyderabad	What is the exact dose modification of NAC in AKI /CKD As per creatinine clearance As such does not require any dose modification	06-05-2020 18:15:12
215	ANJU KRISHNA	Tvm	How can we decide whether the patient needs LTx alone or SLK Tx in cld patients with kidney dysfunction? There are criteria as under Kindly refer to American journal of Transplantation 2008 • HRS itself is not an indication for CLKT. • ESRD patients with cirrhosis and symptomatic PHT or HVPG≥10 mm Hg; • Pts with ESLD and CKD with GFR ≤ 30 mL/min; • Pts with AKI including HRS with creatinine ≥ 2.0 mg/dL and dialysis ≥ 8 weeks • Pts with ESLD and evidence of CKD and kidney biopsy demonstrating > 30% glomerulosclerosis >30% fibrosis	06-05-2020 18:15:14
216	Dr Nipun	chandigarh	All patients with AKI are ACLF by EASL definition, so how a resident would distinguish DC with AKi vs. ACLF with AKI I believe in APASL criteria for ACLF and kidneys are affected differentially in both conditions. Cirrhotics even with sepsis related AKI respond much better than ACLF patients.	06-05-2020 18:16:05

217	Sunil Kumar N	Calicut	Is ter role of midodrine or clonidine in HRS-NAKI? If yes, how long to be given and dose of these in clinical practice? Midodrine improves MAP and helps in ascites resolution I have no personal experience with clonidine.	06-05-2020 18:16:50
218	Jiwan Thapa	Kathmandu	What is the best mode of renal replacement therapy ..Hemodialysis or Peritoneal dialysis. Because most Pt's are hypotension to tolerate standard hemodialysis... I would recommend SLED is cost-effective and well -tolerated	06-05-2020 18:16:58
219	DR. shubham	new delhi	does HRS-AKD has different prognosis from HRS2? Both are same.	06-05-2020 18:17:15
220	Dr jasmeet	Ludhiana	In a patient with HRS and septic shock, is it dangerous to give Terlipressin with noradrenaline If the patient is on RRT, anuric and has severe shock better to give vasopressin Terlipressin has lot of side effects.	06-05-2020 18:17:46
221	Rohan Yewale	Chennai	Is it necessary to index urine NGAL with urine creatinine ? Role of serum NGAL ? NGAL role in prognosis in DCLD ? One time NGAL enough or serial monitoring essential ? These are all questions for research Pls read the paper by Gines et al with respect to serum NGAL in ACLF As of now no recommendation on when and how frequent to perform urine NGAL.	06-05-2020 18:19:04
222	Anil Kumar G	Mysore	Sir diet advice decompensated Cirrhosis presented with AKI, how to monitor sodium/ potassium intake ? Take good history compounded by estimated of urine sodium to potassium ratio Should ask patients to exclude all salt	06-05-2020 18:19:26
223	S RAGAVENDRA	CHENNAI	Is a combined LKT better than LTx in such patients? Yes if patient has established CKD which is not HRS-CKD	06-05-2020 18:20:15
225	MANISH	PUNE	Any data for use of SCALFI regimen in management of HRS? I have no personal experience Lot of data from SGPGI lucknow	06-05-2020 18:22:05
227	Swapnil Pendharkar	Indore	Few of our patients had reaction to albumin or non affordable. So can we use other volume expanders like hemaccel in such patients ?? Yes , but all studies have shown superiorty of albumin	06-05-2020 18:23:30
228	Sugata	Lucknow	If HRS is a form of prerenal azotemia then why give furosemide infusion in patients along with albumin and terlipressin? I would not recommend that.	06-05-2020 18:23:47
229	Pankhur	Varanasi	Mam.. What if creatinine level is decreasing, but, doesn't come back to normal, even after a week of terlipressin therapy??	06-05-2020 18:24:23

			U should suspect AKI persistence or partial regression which has a risk of progression to CKD	
230	Achal	Bangalore	Which fluid is better for ascites with hrs patient ??? NS, RL, Dns ?? Choice should be albumin NS amongst the three is good Plasmalyte is also good	06-05-2020 18:25:57
231	Kirubakaran	Coimbatore	Excellent lecture Learnt and revised lots of concepts Thanks once again Thanks so much	06-05-2020 18:26:10
234	vishal akude	hyderabad	Can you elaborate on individualised albumin therapy in HRS AKI? What factors to look for Look for IVC, peripheries, presence of significant ascites, cardiac status, Lung status before administering everybody the same dose	06-05-2020 18:47:42
236	Srikanth	Ahmedabad	How to assess renal reserve Ideal is by performing measured GFR and stress GFR after protein load In clinical practise can be done using estimated GFR equations or cystatin C	06-05-2020 21:06:23