Ascites is the most common complication in patients with cirrhosis of the liver. Approximately 60% of patients with cirrhosis can develop ascites over a 10-year period, with a high mortality rate within 3 years of onset. The Journal of Hepatology and the European Association for the Study of Liver recommend the ratio of diuretics for pharmacologic management of spironolactone 100mg: furosemide 40mg (ratio 0.4) in order to maintain normokalemia and euovolemia.

The objective of the study is to assess factors that impact diuretic ratios and doses among hospitalized patients with ascites due to liver cirrhosis.

**Methods**

**Study Design:**
- Retrospective, single site, chart review
- Southern Illinois University Edwardsville Institutional Review Board

**Data Source:**
- Springfield Memorial Hospital in Springfield, IL from May 1, 2018 - May 1, 2023

**Study Population:**
- Inclusion Criteria:
  - Adults 18-89 years old
  - Diagnosed ascites based on documented ICD10 code: R18
  - Combined use of spironolactone and furosemide or loop diuretic during hospitalization
  - Hospitalization with admission >24 hours

**Exclusion Criteria:**
- Death during hospitalization
- Pursuing hospice care
- Diagnosed malignant ascites

**Results**

- Patients were more likely to have paracentesis (44 (53.7%)
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