Aim: To determine the effect of LVR with 5% albumin & 0.9% NaCl vs 0.9% NaCl alone on mortality and AKI.

Two Independent Cohorts

- Multicenter (H15)*
  - N = 16,201
- Single center (H08)
  - N = 2,428

Inclusion/Exclusion

- Admitted to ICU and received $\geq 60$ mL/kg of fluid in 24-hours
- Excluded patients with AKI prior to LVR

Study Results

- Patient population
  - Saline alone: 88.8% (n = 14,387)
  - Albumin + Saline: 11.2% (n = 1,814)

- Mortality at 30-days
  - Albumin + saline was associated with ↓ 30-day mortality (HR 0.52; CI 0.44 – 0.62)

- Major Adverse Kidney Events (MAKE) at 30, 90, 365 days
  - Albumin + saline associated with ↓ MAKE but ↑ AKI at 72 hours (OR 1.75; CI 1.5–1.9)

Compared to saline alone, the addition of 5% albumin for LVR was associated with ↓ mortality and MAKE at 30, 90, and 365 days. Although a higher rate of AKI was observed, this did not translate into persistent renal dysfunction.

Data from Gomez H, et al: Crit Care Med, 2021