Titrating the Loop Diuretic Dose

Increasing, and decreasing, the patient's loop diuretic dose is key to the management of the patient's fluid overload. The patient's dry weight should be documented. The dry weight is defined as the patient's stable weight with no signs of fluid overload. The patient should be weighed in similar weight clothes and at a similar time on each occasion. The loop diuretic should be up-titrated if the patient has a sudden increase in dry weight of over 1 kg which has been sustained over the previous two days, or the patient has increasing oedema and breathlessness. Furosemide should be up-titrated every three days by 40 mg at each titration. If the dry weight is still not achieved following two incremental changes, or breathlessness and oedema have not subsided, then specialist advice or referral to secondary care is required.

If the patient is prescribed bumetanide, then titrate as above, remembering that 1 mg of bumetanide is the equivalent of 40 mg furosemide. The increased dose should be maintained for three days. If the patient's dry weight is achieved, return to the original dose. However, if there are more than two episodes of fluid overload in a two to three week period, then consider a permanent increase in diuretic dose.

The loop diuretic dose of furosemide should be decreased in 40 mg steps if the patient's dry weight is decreased by 1 kg, sustained over two days, or urea is increased by more than 5 mmol/L, or more than 25% from baseline. The patient may complain of dizziness and thirst if dehydrated significantly. The patient's fluid status should be assessed within 48 hours of each step change and if the patient is back to dry weight, reassess in a further 48 hours. If the patient has remained at dry weight, consider a permanent decrease in diuretic. However, if the patient is still below dry weight, then seek, specialist advice.

Specialist advice should be sought if the patient is on a regular dose of more than 160 mg furosemide.