

1 **Supplementary Table 1:** Summary of the approved indications and dosing implied in this  
 2 study<sup>1,3,13,14</sup>

<b>Indication</b>	<b>Notes</b>	<b>Dose</b>
Paracentesis	Appropriate if clearly documented in the patient's electronic medical record.	5 to 10 g for every liter removed or 50 g total for paracentesis >5 L.
Therapeutic plasmapheresis	For exchanges of > 20 mL/kg in one session or > 20 mL/kg/week in more than one session. Volume replacement as indicated in the patient's medication record.	Titrate dose to plasma volume removed during procedure.
Spontaneous bacterial peritonitis (SBP)	In association with antibiotics. Appropriate if clearly documented in the patient's electronic medical record.	Initial: 1.5 g/kg within 6 hours of diagnosis, followed by 1 g/kg on day 3
Major surgery	Major surgery defined as (> 40% resection of the liver, extensive intestinal resection) when the serum albumin is < 2 g/dL.	25 g continued until albumin is > 2.5, for up to 4 days.
Cirrhosis of the liver with refractory ascites	Ascites not responsive to diuretics (especially in those with hypovolemia that fails to respond to diuretics, as written in the patient's medical record).	1 g/kg (maximum 100 g) for 2 days.
Contraindications to the use of non-protein colloids	Acute liver failure (ALF) will be assessed through physician notes, INR through electronic labs.	25 g continued until albumin is > 2.5, for up to 4 days
	Moderate-severe renal failure; absolute increase in the SCr concentration of 0.3 mg/dL or greater, a relative increase to 1.5- to 2-fold above baseline <u>CKD (chronic kidney disease)</u> : as written in the medical records	25 g to be repeated as needed.
	During dialysis treatment in the presence of severe abnormalities of hemostasis and baseline albumin < 2 – 2.5 g/dL as indicated in the patient's medical record (dialysis note).	25 g to be repeated as needed.
	Recent intracranial hemorrhage (within the first week after brain trauma). Per physician notes.	0.5-2 g/day

Acute Hemorrhagic shock	<p>Only in the case of : Lack of response to crystalloids or colloids; crystalloids (4 L) have failed to produce a response within 2 h for adult patients. Contraindication to the use of non-protein colloids. For up to 48 hours.</p>	0.5 g/kg to be repeated as needed.
Hepato-renal syndrome	<p>In association with vasoconstricting drugs. Appropriate if clearly documented in the patient's electronic medical record.</p>	25-50 g daily for 72 hours.
Nephrotic syndrome	<p>Only in patients with albumin &lt; 2 g/dL with marked hypovolemia and/or acute pulmonary edema (as determined by physician in notes) and/or acute renal failure.</p>	25 g in combination with diuretics.
ARDS	<p>Mechanically ventilated patients with acute lung injury/acute respiratory distress syndrome, whose serum total protein concentrations were &lt;6.0 g/dL were included. Determined by physician documentation in the electronic medical record.</p>	25 g over 30 minutes repeat every 8 hours for 3 days.
Septic shock	<p>Albumin in the fluid resuscitation of sepsis and septic shock when patients require a substantial amount of crystalloids (30 mL/kg) within the first three hours. The indication is considered approved if written in the physicians' note.</p>	12.5 to 25 g; repeat after 15 to 30 minutes as needed.