The first Clinical Practice Guidelines for the management and treatment of decompensated cirrhosis were published by EASL in 2018. These guidelines present the latest recommendations based on a systematic review of all available data. The use of albumin has been recommended for the management of a number of complications associated with decompensated cirrhosis complications.

**Hyponatremia**
- Albumin use can be suggested in hypervolemic hyponatremia but there is limited data to support its use

**Muscle cramps**
- Diuretic therapy can cause muscle cramps; albumin infusion is a recommended option for treatment of muscle cramps

**Spontaneous bacterial peritonitis (SBP)**
- Albumin use is recommended at a dose of 1.5 g/kg at diagnosis and 1 g/kg on Day 3. However, routine use of albumin is not recommended for all other bacterial infections. Albumin use in SBP can prevent acute kidney injury (AKI).

**Grade 3 or large ascites**
- Large-volume paracentesis (LVP) should be the first line of therapy, completely removing ascites in a single session.
- Plasma volume expansion should then be performed to prevent post-paracentesis circulatory dysfunction (PPCD). Plasma volume expansion by administration of albumin infusion is recommended in patients undergoing LVP and is more effective than other plasma expanders.

**Refractory ascites**
- First-line therapy should be repeated LVP and albumin.

**Acute kidney injury (AKI)**
- Where there is no obvious cause of AKI, AKI is stage >1A, or AKI is infection induced, administration of 20% albumin solution at 1 g albumin/kg body weight (up to 100 g) for 2 consecutive days is recommended.
- In patients with AKI and tense ascites, therapeutic paracentesis should be associated with albumin infusion.

**Hepatorenal syndrome (HRS)**
- Patients with acute kidney injury hepatorenal syndrome (AKI-HRS) stage >1A should be treated with vasoconstrictors and albumin. Terlipressin and albumin (20% albumin solution 20-40 g/day) should be considered first-line treatment.

These recommendations have been split into two grades: gold being strong recommendations and silver being weaker recommendations.