Dosing: Kidney Impairment: Adult The renal dosing recommendations are based upon the best available evidence and clinical expertise.If serum creatinine increases by >30%, review for possible etiologies (eg, acute kidney injury, volume depletion, concomitant medications, renal artery stenosis) before determining if dose reduction or discontinuation of captopril therapy should be considered (Ref).Senior Editorial Team: Matt Harris, PharmD, MHS, BCPS, FAST, FCCP; Jeong Park, PharmD, MS, BCXTP, FCCP, FAST; Arun Jesudian, MD; Sasan Sakiani, MD. Note: In general, use of angiotensin-converting enzyme inhibitors in patients with cirrhosis and ascites should be avoided as use can further diminish renal blood flow and precipitate hepatorenal syndrome (Ref).Senior Editorial Team: Bruce Mueller, PharmD, FCCP, FASN, FNKF; Jason A. Roberts, PhD, BPharm (Hons), B App Sc, FSHP, FISAC; Michael Heung, MD, MS. Altered Kidney Function Altered kidney function (Ref): Oral: CrCl >=50 mL/minute: No dosage adjustment necessary.Liver impairment prior to treatment initiation: Initial or dose adjustment in patients with preexisting liver cirrhosis: Child-Turcotte-Pugh class A to C: No dosage adjustment necessary; avoid use in patients with ascites (Ref).Replacement Therapy Hemodialysis, intermittent (thrice weekly): Dialyzable (~35%) (Ref): Note: Avoid use if an AN69 hemofilter is used (associated with anaphylactoid reaction) (Ref).PIRRT (eg, sustained, low-efficiency diafiltration): Note: Avoid use if an AN69 hemofilter is used (associated with anaphylactoid reaction) (Ref).Peritoneal dialysis: Dialyzable: Oral: Initial: Administer the usual indication-specific dose every 24 hours.

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