

Decompensated cirrhosis DISCHARGE bundle – Full clinical guideline

Reference no.: CG-HEP/1745/23



Patient details

Decompensated Cirrhosis Discharge Bundle

This checklist should be completed by a member of the ward team. It should be started a minimum of 48 hours prior to discharge but can be done earlier and should be completed alongside the discharge letter. The information on the checklist should be reviewed on the consultant ward round prior to discharge.

Named consultant	
Date of follow up appointment	
Aetiology of liver disease	
Cause of decompensation (if known)	

<u>Ascites</u>		
Ascites present	Y	N
Previous SBP	Y	N
If yes: Date _____		
Organism (if known) _____		
Prophylactic antibiotics	Y	N
If yes: name _____		
If no: reason why _____		
Patients with ascites who have had an episode of SBP should be considered for antibiotics (secondary prophylaxis). Co trimoxazole 480mg od first line unless contraindicated		
Current management of ascites		
Diuretics	Y	N
Paracentesis	Y	N
Weight at discharge and documented in discharge letter	_____	Kg
If requiring paracentesis:		
Predicted interval _____ weeks		
Day unit appointment booked for _____		
Or Information given to patient to contact Day Unit at xxxx (insert contact details)		

<u>Renal function</u>		
Have the following been documented in the discharge letter:		
Discharge creatinine, sodium and potassium	Y	N
Frequency of U&Es monitoring in the community	Y	N
Once ascites is controlled that diuretics can be reduced to the lowest effective dose and by whom	Y	N

<u>Hepatic encephalopathy</u>		
Encephalopathy present	Y	N
Lactulose	Y	N
Rifaximin	Y	N
Patients with persistent or a previous un-provoked episode of encephalopathy should be on lactulose and rifaximin unless contraindicated.		

<u>Portal hypertension</u>					
Varices				Y	N
Grade of varices	1	2	3		
Red signs				Y	N
<u>Primary prophylaxis*</u>					
Is patient on a B Blocker (carvedilol preferred)				Y	N
Or					
If banding done is a repeat OGD required?				Y	N
If so, date booked for _____					
No prophylaxis				Y	N
If not, why not? _____					
<u>Secondary prophylaxis</u>					
Is repeat OGD required for banding?***				Y	N
If so, date booked for _____					
Is patient also on a B Blocker (carvedilol preferred)				Y	N
If not, why not? _____					
<u>For all patients on beta-blockers</u>					
Has advice been given about titrating dose? (aim HR 60/min and SBP >100)				Y	N
*Patients should be offered primary prophylaxis (beta-blockers or banding) for medium/large varices and for small varices with red signs or Childs C cirrhosis (patients may also be considered for entry into clinical trials prior to starting therapy (CALIBRE or BOPPP)).					
**Patients who have had banding for a variceal bleed should have a repeat OGD at 4 weeks.					

<u>Alcohol misuse</u>		
Alcohol misuse	Y	N
Input from alcohol liaison team	Y	N
Community follow up plans _____	Y	N
Thiamine prescribed	Y	N

<u>Treatment plan</u>		
If treatment limitations or palliative care have been decided, has this been detailed in the discharge letter and does the patient have an appropriate Treatment Escalation Plan or Emergency Health Care Plan?	Y	N
		NA

<u>Communication with patient</u>		
Have the following been explained to the patient and/or family?		
The diagnosis of chronic liver disease	Y	N
The importance of abstinence (if applicable)	Y	N
Current medications and reasons for taking them	Y	N
Patient given information leaflet on cirrhosis	Y	N

Name:.....

Sign:.....

Date:.....

Documentation Controls (these go at the end of the document but before any appendices)

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Version / Amendment History	Version	Date	Author	Reason
	3		Liver Management group	update
Intended Recipients: All clinicians managing patients with liver disease				
Training and Dissemination: Forms part of liver handbook which is disseminated to all clinicians rotating through Hepatology				
Development of Guideline: Job Title: Dr A Lawson (Consultant Hepatologist)				
Consultation with: Liver management group				
Linked Documents: State the name(s) of any other relevant documents				
Keywords: Decompensated cirrhosis, Discharge, Bundle				
Business Unit Sign Off			Group: Liver management group and cross site teams Date: 2022	
Divisional Sign Off			Group: Medicine division Date: Jan 2023	
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Review Date			June 2026	
Contact for Review			Dr A. Lawson	