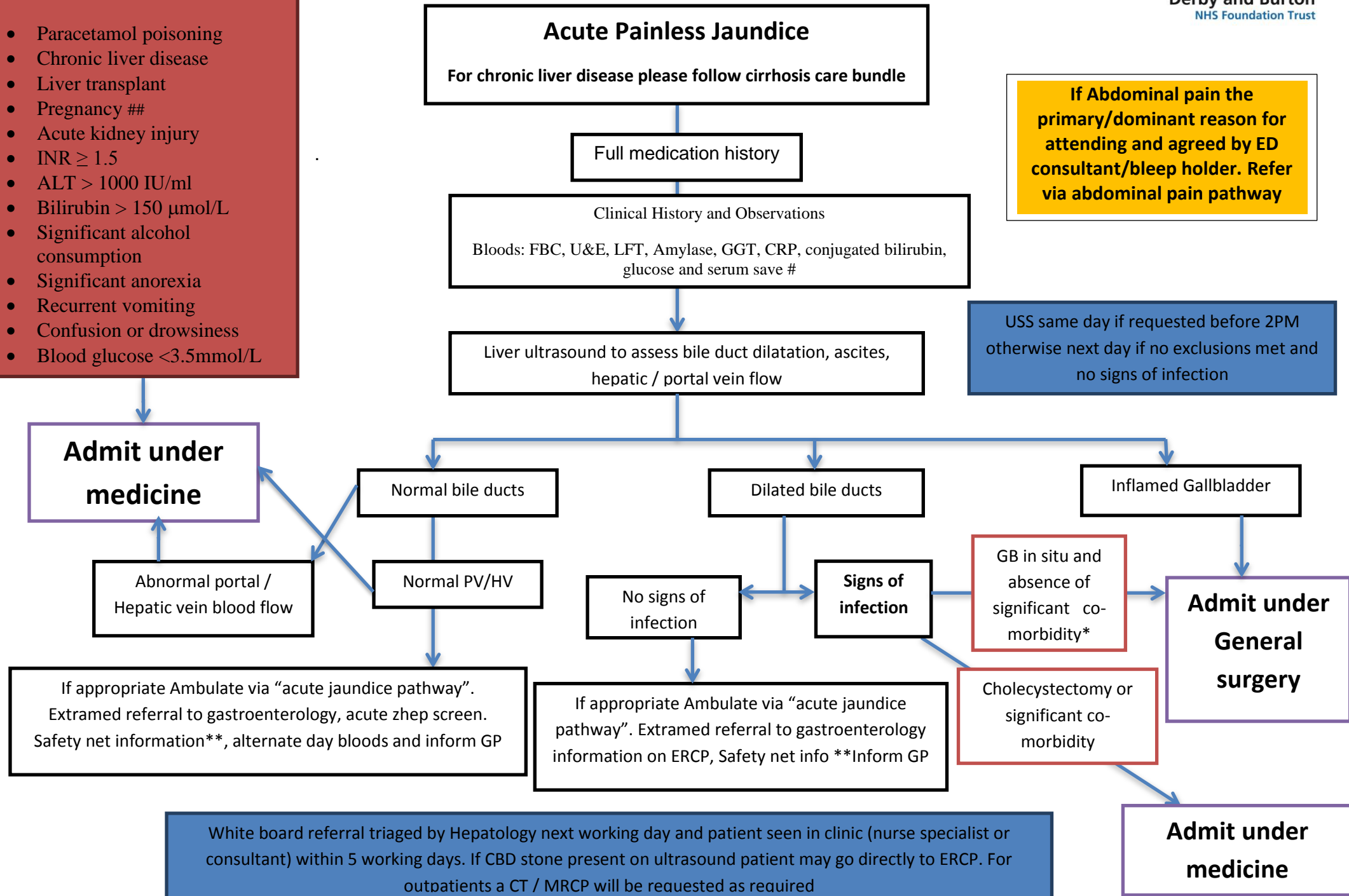


# Jaundice, Acute Painless - Summary Clinical Guideline

- Exclusions:
- Paracetamol poisoning
  - Chronic liver disease
  - Liver transplant
  - Pregnancy ##
  - Acute kidney injury
  - INR  $\geq$  1.5
  - ALT > 1000 IU/ml
  - Bilirubin > 150  $\mu$ mol/L
  - Significant alcohol consumption
  - Significant anorexia
  - Recurrent vomiting
  - Confusion or drowsiness
  - Blood glucose <3.5mmol/L



**If Abdominal pain the primary/dominant reason for attending and agreed by ED consultant/bleep holder. Refer via abdominal pain pathway**

USS same day if requested before 2PM otherwise next day if no exclusions met and no signs of infection

White board referral triaged by Hepatology next working day and patient seen in clinic (nurse specialist or consultant) within 5 working days. If CBD stone present on ultrasound patient may go directly to ERCP. For outpatients a CT / MRCP will be requested as required

\*Significant cardio-respiratory morbidity that would preclude operative management.

\*\* Ambulatory patients should be given appropriate safety net information that should include observing for symptoms of biliary sepsis, dehydration and general clinical deterioration and seeking further medical advice in such an eventuality. Admission should be organised if they subsequently meet exclusion criteria.

# A Serum save sample should be obtained and send to microbiology using a handwritten microbiology form (Avoids further phlebotomy if viral serology subsequently required)

## The management of pregnant women may depend on gestational age and all cases should be discussed with obstetrics in the first instance.