The Newcastle upon Tyne Hospitals	<u>NHS</u>
NHS Founda	ition Trust

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.

consultant ward round prior to disc	:harge.	
Named consultant		
Date of liver follow up appointment		
Aetiology of liver disease		
Cause of decompensation (if known)		
Ascites	T	
Ascites present	Υ	N
Previous SBP	Υ	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		
(secondary prophylaxis). Co trimoxazole 480mg od first line unle	ss contraindicat	ted
Current management of ascites		
Diuretics	Υ	N
Paracentesis	Υ	N
Weight at discharge and documented in discharge letter		Kg
If requiring paracentesis:		
Predicted intervalweeks		
Day unit appointment booked for		
Or Information given to patient to contact Day Unit at Fre	eman Hospital	
Donal function		
Renal function		
Have the following been documented in the discharge letter:	Y	N
Discharge creatinine Frequency of U&Es monitoring in the community	Y	N
, ,	1 -	1
Once ascites is controlled that diuretics can be reduced to the lowest effective dose		
to the lowest effective dose		
Hepatic encephalopathy		
Encephalopathy present	Υ	N
Lactulose	Y	N
Rifaximin Y N		
Lactulose and Rifaximin are recommended for patients with persistent or a previous un-		
provoked episode of encephalopathy, unless contraindicated.		
processing and a consequence of the constant and a		

Version 1.0 12-11-2018

Developed by Dr Laura Jopson and Dr Stuart McPherson

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Portal hypertension						
Varices				Υ	N	
Grade of varices	1	2	3			
Previous variceal bleed	?			Υ	N	
Is a repeat OGD require	ed?			Υ	N	
If so, date book	ced for					
Prophylaxis						
Is patient on a	B Blocker (carvedilol pr	eferred)	Υ	N	
If not, why not	?					
Has advice bee	n given ab	out titrating	dose?	Υ	N	
(aim HR 60/r	nin and SB	P >100)				
Variceal band li	igation			Υ	N	

A repeat OGD is recommended at 4 weeks for those who have had variceal banding. Non-selective βBlockers are recommended as primary prophylaxis for medium/large varices and for small varices with red signs or Childs C cirrhosis.

Substance / alcohol misuse		
Alcohol misuse	Υ	N
Input from alcohol liaison team	Y	N
Community follow up plans	Y	N
Thiamine prescribed	Υ	N

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

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

Name:	
Sign:	
Date:	

Version 1.0 12-11-2018

Developed by Dr Laura Jopson and Dr Stuart McPherson