The Newcastle upon Tyne Hospitals

NHS Foundation 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.

Named consultant		
Date of liver follow up appointment		
Aetiology of liver disease		
Cause of decompensation (if known)		
A 11		
Ascites	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	T
Ascites present	Y	N
Previous SBP	Υ	N
If yes: Date		
Organism (if known)	1	T
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 unles	s contraindicate	ed
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 Freeman Hospital		
Renal function	T	T
Have the following been documented in the discharge letter:		
Discharge creatinine	Υ	N
Frequency of U&Es monitoring in the community	Y	N
Once ascites is controlled that diuretics can be reduced	Υ	N
to the lowest effective dose		
Hepatic encephalopathy	I	T
Encephalopathy present	Υ	N
Lactulose	Υ	N
Rifaximin	Υ	N
Lactulose and Rifaximin are recommended for patients with pers	istent or a previ	ous un-
provoked episode of encephalopathy, unless contraindicated.		

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Portal hypertension			
Varices		Υ	N
Grade of varices 1 2	3		
Previous variceal bleed?		Υ	N
Is a repeat OGD required?		Υ	N
If so, date booked for			
Prophylaxis			
Is patient on a B Blocker (carved	ilol preferred) Y	N
If not, why not?			
Has advice been given about titr	ating dose?	Y	N
(aim HR 60/min and SBP >100))		
Variceal band ligation		Y	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	Y	N	
The importance of abstinence (if applicable)	Υ	N	
Current medications and reasons for taking them	Y	N	
Patient given the cirrhosis management toolkit leaflet	Υ	N	

Name:	
Sign:	
Date:	

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