

## Appendix 2: Liver

Diagnosis	Service actions	Service mitigations	Safety net
<b>Emergency liver presentations</b>			
<p>Acute decompensated cirrhosis</p> <p>Variceal haemorrhage</p> <p>Tense ascites or Significant Hepatic encephalopathy</p> <p>Jaundice (Bil &gt;100)</p> <p>Acute liver injury with Jaundice (Bil &gt;100 and/or INR &gt;1.5)</p> <p>Acute alcohol related hepatitis</p> <p>Acute liver failure</p>	<p>Review electronic info e.g. bloods/ radiology/ previous endoscopy</p> <p>Many will be admitted via A/E or medical admissions</p> <p>Consider same day ambulatory care attendance and follow up where appropriate to avoid hospital admission</p> <p>Will usually be admitted via A/E or medical admissions. Attending a one stop jaundice clinic is an alternative</p> <p>Also use BSG/BASL decompensated cirrhosis care bundle with specialist local or regional input as required</p>	<p>Regular senior review to ensure early hospital discharge with early follow up</p> <p>Telephone follow up using medical teams</p>	<p>Urgent admission if presenting initially as an outpatient</p> <p>Signposting to British Liver Trust website / other relevant local info</p> <p>Provide clear patient information</p> <p>Liver specialist nurse contact details</p>
<b>Raised liver enzymes (ALP or ALT) &gt;5x ULN</b>			
	<p><b>Triage – Track - Review</b></p> <p>Review the available electronic info e.g. liver screen and imaging. Ensure referrals have followed local or BSG guidelines for the investigation of abnormal liver blood tests including having liver screen and urgent ultrasound requested and for clinic review</p>	<p>Liver screen and ultrasound pre-clinic review or ultrasound done at one stop clinic</p>	<p>Urgent referral or admission via A/E or medical admissions</p> <p>Signposting to British Liver Trust website</p> <p>Local or BSG guidelines</p> <p>Provide clear patient information</p>
<b>Suspected HCC or cholangiocarcinoma</b>			
	<p>Review available electronic info e.g. radiology and bloods</p> <p>Request appropriate imaging prior to clinic review</p>	<p>Tele-triage by consultant or HPB surgeon to assess with MDT as required</p>	<p>Specialist nurse, cancer helpline, GP</p> <p>Provide clear patient information</p>
<b>Mild/moderate ascites</b>			
	<p><b>Triage – Track - Review</b></p>	<p>Recommend GP commences low dose</p>	<p>Urgent rereferral if ascites becomes tense</p>

	Review available electronic info e.g. bloods and radiology. For clinic review in due course	diuretics in line with BSG guidelines.  Liver screen and ultrasound pre-clinic review or ultrasound done at one stop clinic  Alcohol advice where appropriate	BSG guidelines  GP  Specialist nurse  Provide clear patient information
<b>Clinical Jaundice (Bilirubin &lt;100)</b>			
	Review available electronic info e.g. bloods/ radiology/ previous endoscopy. Clinic review in due course	Tele-triage with consultant or specialist nurse  Liver screen and ultrasound pre-clinic review or ultrasound done at one stop Jaundice clinic	Urgent re-referral if bilirubin rising  Signposting to British Liver Trust website  BSG guidelines  GP  Provide clear patient information
<b>Suspected compensated Cirrhosis</b>			
	<b>Triage – Track - Review</b> Review available electronic info e.g. liver screen and imaging. Ensure referrals have followed local or BSG guidelines for the investigation of abnormal liver blood tests including having liver screen, ultrasound and non-invasive staging prior to referral <b>Prioritise those with suspected portal hypertension (low platelets) or potentially treatable disease (eg AIH, HBV or HCV)</b>	Liver screen and non-invasive staging prior to referral.  <b>Prioritise those with suspected portal hypertension (low platelets) or potentially treatable disease (eg AIH, HBV or HCV)</b>  Send out information to patients with suspected NAFLD or ARLD information on appropriate lifestyle advice	Signposting to British Liver Trust website  GP  Provide clear patient information
<b>Hepatitis B in pregnancy</b>			
	<b>Triage – Track - Review</b> Review available electronic info e.g. Liver blood tests and virology and imaging. Recommend HBV DNA testing when patient attend maternity	Potentially use specialist viral hepatitis nurse clinics	Signposting to British Liver Trust website.

	appointments to risk stratify – Priorities HbeAg pos or HBV DNA > 10 <sup>6</sup> IU/ML		Communicate directly with maternity services to ensure blood tests done early  Liver specialist nurse contact details  GP  Provide clear patient information
<b>Raised liver enzymes (ALP or ALT) &lt;5x ULN</b>			
	<b>Triage – Track - Review</b> Review available electronic info e.g. liver screen and imaging. Ensure referrals have followed local or BSG guidelines for the investigation of abnormal liver blood tests including having liver screen, ultrasound and non-invasive staging prior to referral	Follow local guidelines  Liver screen and non- invasive staging prior to referral.  Send out information to patients with suspected NAFLD or ARLD information on appropriate lifestyle advice  For minimally raised liver enzymes without suspected underlying chronic liver disease recommend repeat liver enzymes testing in 1 month and refer if they remain elevated	Rereferral if liver enzymes increasing to >5x ULN  Signposting to British Liver Trust website  GP  Provide clear patient information
<b>Suspected benign liver lesion (often referred from imaging findings)</b>			
	<b>Triage – Track - Review</b>  Review available electronic info e.g. bloods radiology. Request definitive imaging, eg MRI, prior to clinic review	Review previous equivocal imaging with senior radiologist to determine whether further imaging needed or optimal imaging modality.  Telephone clinic for those who don't need further imaging.	Signposting to British Liver Trust website.  Provide clear patient information
<b>Other liver diagnoses</b>			
	<b>Triage – Track - Review</b>  Review available electronic info e.g. bloods and radiology.	AIH – prioritise for early clinic review or telephone clinic and	Routine referral  Signposting to British Liver Trust website.

		possible direct liver biopsy NAFLD – send lifestyle advice information to patient ARLD – send advice on reducing alcohol consumption HCV or HBV– utilise viral hepatitis nurse led clinics PBC – consider recommending ursodeoxycholic acid via GP PSC – consider MRCP request prior to review	GP Provide clear patient information
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