

Decompensated Cirrhosis Discharge Bundle (Ascites)

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)	

Ascites		
Ascites present	Y	N
Previous SBP	Y	N
If yes: Date _____		
Organism (if known) _____		
Prophylactic antibiotics If yes: name _____ If no: reason why _____	Y	N
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)		

Renal function		
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

Alcohol misuse		
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 information about leaflet about cirrhosis	Y	N

Name:.....

Sign:.....

Date:.....