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 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 Paracentesis Weight at discharge and documented in discharge letter	 **Y** **Y** _____	 **N** **N** **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 Frequency of U&Es monitoring in the community Once ascites is controlled that diuretics can be reduced to the lowest effective dose and by whom	 **Y** **Y** **Y**	 **N** **N** **N**

Hepatic encephalopathy		
Encephalopathy present Lactulose Rifaximin	**Y** **Y** **Y**	**N** **N** **N**
Patients with persistent or a previous un-provoked episode of encephalopathy should be on lactulose and rifaximin unless contraindicated.		

Portal hypertension		
Varices	**Y**	**N**
Grade of varices 1 2 3		
Red signs	**Y**	**N**
Primary prophylaxis*		
Is patient on a B Blocker (carvedilol preferred)	**Y**	**N**
Or		
If banding done is a repeat OGD required?	**Y**	**N**
If so, date booked for _____		
No prophylaxis	**Y**	**N**
If not, why not? _____		
Secondary prophylaxis		
Is repeat OGD required for banding?**	**Y**	**N**
If so, date booked for _____		
Is patient also on a B Blocker (carvedilol preferred)	**Y**	**N**
If not, why not? _____		
For all patients on beta-blockers		
Has advice been given about titrating dose?	**Y**	**N**
(aim HR 60/min and SBP >100)		
***Patients should be offered primary prophylaxis (beta-blockers or banding) for medium/large varices and for small varices with red signs or Childs C cirrhosis (patients may also be considered for entry into clinical trials prior to starting therapy (CALIBRE or BOPPP)).** ****Patients who have had banding for a variceal bleed should have a repeat OGD at 4 weeks.**		

Alcohol misuse		
Alcohol misuse	**Y**	**N**
Input from alcohol liaison team	**Y**	**N**
Community follow up plans _____	**Y**	**N**
Thiamine prescribed	**Y**	**N**

Treatment plan		
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**

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)	**Y**	**N**
Current medications and reasons for taking them	**Y**	**N**
Patient given information leaflet on cirrhosis	**Y**	**N**

Name:……

Sign:……

Date:……..