Cirrhosis Discharge Adult

www.cirrhosiscare.ca

Discharge

Follow-Up

Note these are patient instructions to appear on the After Visit Summary. If new referral to a Liver Specialist, please place a referral order.

- [ ] Discharge Follow-Up with Primary Care Provider
  Select who the patient should schedule a follow up with: Primary care provider (PCP)
  Timeframe: 14 Days
  Instructions for follow-up: Arrange Primary Care follow up within 2 weeks of discharge.

- [ ] Discharge Follow-Up with Liver Specialist
  Select who the patient should schedule a follow up with: Other follow-up
  Instructions for follow-up: Arrange follow up with Liver Specialist.

Notify Community Physician(s)

- [ ] Nursing Communication
  Once, Notify Primary Care Provider of Discharge.

- [ ] Nursing Communication
  Once, Notify Liver Specialist of Discharge.

Patient Education/Teaching

- [ ] Patient Education - Cirrhosis
  - [ ] Provide handout: Cirrhosis - Patient Care Instructions
    https://myhealth.alberta.ca/Alberta/Pages/Cirrhosis-Patient-Care-Instructions.aspx
  - [ ] Provide video series: 5 key Cirrhosis education videos for patients and their caregivers
    cirrhosiscare.ca/discharge-videos
- [ ] Patient Education - Alcohol
  - [ ] Provide handout: Alcohol and Drug Problems
    https://myhealth.alberta.ca/health/AfterCareInformation/pages/conditions.aspx?HwId=uh2996
  - [ ] Add Addiction Services contact information to discharge documents:
    Addiction Helpline ph: 1-866-322-2322 or health Link at 811
- [ ] Patient Education - Nursing Instructions:Prior to discharge use teach-back technique to reinforce learning. Document teaching.

Outpatient Labs Post Discharge

Please include copies to Family Physician and GI/Liver/Internal Medicine Specialist.

- [ ] CBC and Differential
- [ ] Alanine Aminotransferase (ALT)
- [ ] Alkaline Phosphatase (ALP)
- [ ] Albumin
- [ ] Bilirubin, Total
- [ ] Electrolyte Panel (Na, K, Cl, CO2, Anion Gap)
- [ ] Creatinine
- [ ] INR

Cirrhosis Specific Discharge Orders

Discharge Follow up - Ascites or Hepatic Hydrothorax Patients

If an ambulatory paracentesis or thoracentesis is needed within 2 weeks of discharge, please order the procedure and notify the ambulatory provider so a therapy plan can be put into the system.

- [ ] US Thoracentesis Left
- [ ] US Thoracentesis Right
- [ ] US Paracentesis

Discharge Follow up - Hepatic Encephalopathy Patients

rifAXIMin 550 mg po BID should be ordered for all patients who have had 2 or more episodes of hepatic encephalopathy, are unable to tolerate lactulose or have symptoms despite the maximum tolerated dose of lactulose. Special authorization is required. NOTE: does not need to be ordered here if patient is already on it (will be translated to discharge medications through medication reconciliation). Continue Lactulose as well

- [ ] rifAXIMin 550 mg tablet
  Take 1 tablet (550 mg total) by mouth two (2) times per day for 7 days.
  Normal, Disp-14 tablet, R-0

Discharge Follow up - Spontaneous Bacterial Peritonitis or Pleuritis Patients

☐ Secondary Prophylaxis (if not already ordered as inpatient)

All patients with an episode of SBPeritonitis or SBPleuritis require long-term antibiotic prophylaxis (as long as the fluid persists). Norfloxacin is the first choice for outpatient therapy, unless another alternative has been suggested based on resistance testing. NOTE: does not need to be ordered here if patient is already on it (will be translated to discharge medications through medication reconciliation).

○ norfloxacin 400 mg tablet
Take 1 tablet (400 mg total) by mouth one (1) time per day (2 hours after breakfast) for 7 days.
Normal, Disp-7 tablet, R-0
Dosage adjustment required in renal impairment.

○ ciprofloxacin 500 mg tablet
Take 1 tablet (500 mg total) by mouth one (1) time per day (2 hours after breakfast) for 7 days.
Normal, Disp-7 tablet, R-0

○ sulfamethoxazole-trimethoprim 800 mg-160 mg per tablet
Take 1 tablet by mouth one (1) time per day (in the morning) for 7 days.
Normal, Disp-7 tablet, R-0
Ordered in mg of trimethoprim. Dosage adjustment required in renal impairment.

Discharge Follow up - Variceal Bleed Patients

Patients with variceal bleeds usually require follow up gastroscopy within 4-6 weeks.

☐ Ambulatory Referral to Gastroenterology
Internal Referral, Routine, Gastroenterology, Specialty Services Required, Consultation, Internal referrals WILL be sent electronically

☐ Secondary Prophylaxis (if not already ordered as inpatient)

Secondary prophylaxis ideally requires a combination non-selective beta blockers (NSBBs) and band ligation. In refractory ascites AND severe circulatory dysfunction, NNSBs are contraindicated until improvement. Consider lower starting doses based on BP/HR. Will require follow up titration as an outpatient. NOTE: does not need to be ordered here if patient is already on it (will be translated to discharge medications through medication reconciliation).

Titrate as tolerated (to heart rate 55 to 60 bpm, systolic blood pressure not below 90 mm Hg)

○ nadolol 40 mg tablet
Take 0.5 tablets (20 mg total) by mouth one (1) time per day (in the morning) for 30 days.
Normal, Disp-15 tablet, R-0

○ propranolol 20 mg tablet
Take 1 tablet (20 mg total) by mouth two (2) times per day for 30 days.
Normal, Disp-60 tablet, R-0

○ carVEDilol 3.125 mg tablet
Take 1 tablet (3.125 mg total) by mouth one (1) time per day with breakfast for 30 days.
Normal, Disp-30 tablet, R-0

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