Hepatic Encephalopathy Adult Panel

In making a diagnosis of hepatic encephalopathy, other causes of decreased level of consciousness must be considered. All patients with presumed hepatic encephalopathy need work up/treatment for potential precipitating factors (including but not limited to an infection screen with diagnostic paracentesis if they have ascites, medication assessment, screen for metabolic abnormalities, and assessment for evidence of GI bleeding).

- [ ] Monitor Bowel Routine - Stool charting

Microbiology

Consider other investigations as clinically warranted.

- [ ] Blood Culture Panel - Adult x 2
- [ ] Urine Culture, Routine
- [ ] Urine General Toxicology Panel
- [ ] GR Chest 2 Projections
  Routine, Once

Medications

Special Authorization will be required if patient is to be discharged on Rifaxamin.
- Special Authorization Form

Lactulose OR PEG 3350 (Acute followed by chronic treatment)

lactulose

lactulose PO

lactulose 667 mg/mL liquid oral 30 mL
30 mL, oral, every 2 hours, First dose today at 1445, For 24 hours
until bowel movement or clinical improvement

lactulose NG

lactulose 667 mg/mL liquid oral 30 mL
30 mL, nasogastric tube, every 2 hours, First dose today at 1445, For 24 hours
until bowel movement or clinical improvement

Followed By

lactulose 667 mg/mL liquid oral 15-30 mL
15-30 mL, nasogastric tube, 3 times per day, First dose tomorrow at 2100
Titrate dose to achieve 2 to 3 soft bowel movements per day.
Use caution with NG and recently banded varices.

lactulose 667 mg/mL oral liquid for rectal use 300 mL
300 mL, rectal, every 4 hours, First dose today at 1445
300 mLs in 700 mLs of water rectally every 4 hours until clinical improvement. Retain for 30 to 60 minutes (use if unable to take oral therapy)
Retention enema; retain for 30-60 minutes.

PEG 3350 PO/NG (consider with ileus, intolerance to lactulose)

PEG 3350 PO

polyethylene glycol 3350 powder 17 g
17 g, oral, every 2 hours, First dose today at 1445, For 24 hours
until bowel movement or clinical improvement
Dissolve powder by stirring dose into 250 mL of beverage prior to consumption.

For pediatric patient:
Dissolve powder by stirring dose into 120 to 250 mL of beverage prior to consumption.
3.8 g is provided by 1 teaspoon (5 mL) powder
5.6 g is provided by 1.5 teaspoons (7.5 mL) powder
7.5 g is provided by 2 teaspoons (10 mL) powder,
11.8 g is provided by 1 tablespoon (15 mL) powder

Followed By

polyethylene glycol 3350 powder 17 g
17 g, oral, daily, First dose on Wed 24/11 at 0800
Titrate to achieve 2 to 3 soft bowel movements per day.
Dissolve powder by stirring dose into 250 mL of beverage prior to consumption.

For pediatric patient:
Dissolve powder by stirring dose into 120 to 250 mL of beverage prior to consumption.
3.8 g is provided by 1 teaspoon (5 mL) powder
5.6 g is provided by 1.5 teaspoons (7.5 mL) powder
7.5 g is provided by 2 teaspoons (10 mL) powder,
11.8 g is provided by 1 tablespoon (15 mL) powder

PEG 3350 NG

polyethylene glycol 3350 powder 17 g
17 g, nasogastric tube, every 2 hours, First dose today at 1445, For 24 hours
until bowel movement or clinical improvement
Dissolve powder by stirring dose into 250 mL of beverage prior to consumption.

For pediatric patient:
Dissolve powder by stirring dose into 120 to 250 mL of beverage prior to consumption.
3.8 g is provided by 1 teaspoon (5 mL) powder
5.6 g is provided by 1.5 teaspoons (7.5 mL) powder
7.5 g is provided by 2 teaspoons (10 mL) powder,
11.8 g is provided by 1 tablespoon (15 mL) powder

Followed By

polyethylene glycol 3350 powder 17 g
17 g, nasogastric tube, daily, First dose on Wed 24/11 at 0800
Titrate to achieve 2 to 3 soft bowel movements per day.
Use caution with NG and recently banded varices.
Dissolve powder by stirring dose into 250 mL of beverage prior to consumption.

For pediatric patient:
Dissolve powder by stirring dose into 120 to 250 mL of beverage prior to consumption.
3.8 g is provided by 1 teaspoon (5 mL) powder
5.6 g is provided by 1.5 teaspoons (7.5 mL) powder
7.5 g is provided by 2 teaspoons (10 mL) powder,
11.8 g is provided by 1 tablespoon (15 mL) powder

☐ rifAXIMin tablet
550 mg, oral, 2 times per day, if intolerance to lactulose or patient has experienced greater than or equal to 2 overt hepatic encephalopathy episodes.

☐ Lactulose or PEG (Chronic Treatment)