

Hepatitis C Chart Audit

Patient Name _____

DOB _____

Risk factors documented

- | | |
|---|--|
| <input type="checkbox"/> IVDU | <input type="checkbox"/> Born to HCV positive mother |
| <input type="checkbox"/> Unprotected sex | <input type="checkbox"/> History of incarceration or homelessness |
| <input type="checkbox"/> Birth/travel in area where HCV common | |
| <input type="checkbox"/> Blood transfusion / Transplant before 1992 | <input type="checkbox"/> Other (shared blood from trauma, shared tattoo needles, etc.) _____ |
| <input type="checkbox"/> Hemodialysis | |
| <input type="checkbox"/> Needle-stick or healthcare exposure | |

Diagnosis

- | | | |
|---|-------|------------|
| <input type="checkbox"/> Elevated AST / ALT | _____ | Date _____ |
| <input type="checkbox"/> Anti-HCV antibody (ELISA) | _____ | Date _____ |
| <input type="checkbox"/> HCV RNA quantitative (PCR) | _____ | Date _____ |
| <input type="checkbox"/> HCV genotype | _____ | Date _____ |
|
 | | |
| <input type="checkbox"/> Liver imaging | _____ | Date _____ |
| <input type="checkbox"/> Liver biopsy | _____ | Date _____ |

Differential Diagnosis / Comorbidities

- | | |
|---|--|
| <input type="checkbox"/> Alcoholism - Document use? _____ | AST/ALT ratio > 1? _____ |
| <input type="checkbox"/> Hemochromatosis - (Fe/TIBC) | <input type="checkbox"/> HIV |
| <input type="checkbox"/> Wilson's dx - (ceruloplasmin) | <input type="checkbox"/> Anti-HAV IgG |
| <input type="checkbox"/> Autoimmune hepatitis - (ANA) | <input type="checkbox"/> Hep Bs Ag |
| <input type="checkbox"/> Alpha-1-anti-trypsin | <input type="checkbox"/> Hep B core Ab |

Signs & Management of Cirrhosis

- | | |
|--|--|
| <input type="checkbox"/> INR and albumin _____ | <input type="checkbox"/> Encephalopathy _____ |
| <input type="checkbox"/> Total bilirubin _____ | <input type="checkbox"/> Variceal bleeding _____ |
| <input type="checkbox"/> Ascites _____ | <input type="checkbox"/> U/S findings _____ |

If known cirrhosis:

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> U/S q 6 months for HCC screening _____ | <input type="checkbox"/> Pneumovax |
| <input type="checkbox"/> Calculate MELD score _____ | <input type="checkbox"/> Flu vaccine |

www.unos.org/resources/MeldPeldCalculator.asp?index-98

If MELD > 10 or any of three above symptoms, refer for consideration of liver transplant

Patient Education & Prevention

- | | |
|--|---|
| <input type="checkbox"/> Discussion of treatment options | <input type="checkbox"/> Counsel re: sharing needles, razors, toothbrush, nail clippers, etc. |
| <input type="checkbox"/> Referral to hepatologist | <input type="checkbox"/> Condoms in non-monogamous relationships |
| <input type="checkbox"/> Eliminate alcohol use | <input type="checkbox"/> Avoid ASA and NSAIDs if possible |
| <input type="checkbox"/> Smoking cessation | <input type="checkbox"/> Do not overuse Tylenol |
| <input type="checkbox"/> Healthy weight | <input type="checkbox"/> Low sodium diet in cirrhosis |
| <input type="checkbox"/> Hep A and Hep B vaccination | |