Patient details

**Care bundle: Management of patients with non-alcoholic fatty liver disease**

Date seen…………………………

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Weight (kg) | Height (m) | BMI | BP (mmHg) | | |
| Overweight/ □ Obesity | Type 2 diabetes □  Year diagnosed: …………. | Hypertension □ | Dyslipidaemia □ | | |
| Current alcohol consumption units/week  If alcohol consumption consistently greater than 14/21 units per week for females/males, this is not NAFLD | | | | | |
| **Current stage of NAFLD Last staging date**: ……………………  Stage at diagnosis and then re-stage every 3 years or more frequently, non-invasively where possible. | | | | | |
| Liver biopsy: NAS Grade………………. Stage………………………Date……………………. N/A | | | | | |
| FIB-4 score = | | | | | |
| Fibroscan = kPa Date……………………. N/A | | | | | |
| **Lifestyle changes** | | | | | |
| Ensure information leaflets on NAFLD given | | | | Y N | |
| Change in weight since last clinic appointment (+ or -) | | | | kg % | |
| Target weight (aim >5% weight loss if overweight and >10% if obese) | | | | kg | |
| Discuss/reinforce dietary advice | | | | Y N | |
| If not losing weight offer referral to dietician | | | | Y N N/A decline | |
| Current activity levels & discuss increasing activity/exercise | | | | | |
| **Managing metabolic risk factors** | | | | | |
| Review BP (further monitoring or treatment if BP>140/90 via GP) | | | | | Y N |
| Review diabetic control/ screen for diabetes  (If suboptimal control, then advise GP/diabetologist to review regimen) | | | | | Y N |
| Ensure on statin - If no, why not? Not tolerated □ Low risk □ (statins are recommended for patients with T2DM or a QRISK2 >10%) | | | | | Y N |
| Smoking cessation advice Smoker: Y N | | | | | Y N NA |
| **Specific NAFLD treatment:** If patients have NASH and/or ≥F2 on biopsy (or Fibroscan > 8 and FIB-4 >1.3) consider referring to specialist clinic for a trial or specialist treatment | | | | | Y N N/A |
| **Routine investigations:** FBC, U/E, LFT, AST, GGT, HbA1c, glucose, lipids (fasting preferred). If Cirrhotic: AFP, vitamin D. Check liver screen completed. | | | | | |
| **Consultation:** | | | | | |

