** **

Patient details

**Decompensated Cirrhosis Discharge Bundle (Ascites)**

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 liver 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 ascitesDiureticsParacentesisWeight at discharge and documented in discharge letter | **Y****Y****\_\_\_\_\_\_** | **N****N****Kg** |
| If requiring paracentesis:Predicted interval \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_weeksDay 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 potassiumFrequency of U&Es monitoring in the communityOnce ascites is controlled that diuretics can be reduced to the lowest effective dose and by whom | **Y****Y****Y** | **N****N****N** |

|  |
| --- |
| **Alcohol misuse** |
| Alcohol misuseInput from alcohol liaison teamCommunity follow up plans \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Thiamine prescribed | **Y****Y****Y****Y** | **N****N****N****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 diseaseThe importance of abstinence (if applicable)Current medications and reasons for taking them Patient information about leaflet about cirrhosis | **Y****Y****Y****Y** | **N****N****N****N** |

Name:………………………………………

 Sign:…………………………………………

 Date:………………………………………..