** **

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.

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| **Named consultant** |  |
| **Date of liver follow up appointment** |  |
| **Aetiology of liver disease** |  |
| **Cause of decompensation (if known)** |  |

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| --- | --- | --- |
| **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 ascites  Diuretics  Paracentesis  Weight at discharge and documented in discharge letter | **Y**  **Y**  **\_\_\_\_\_\_** | **N**  **N**  **Kg** |
| If requiring paracentesis:  Predicted interval \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_weeks  Day unit appointment booked for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Or** Information given to patient to contact Day Unit at xxxx (insert contact details) | | |

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| **Renal function** | | |
| Have the following been documented in the discharge letter:  Discharge creatinine, sodium and potassium  Frequency of U&Es monitoring in the community  Once ascites is controlled that diuretics can be reduced to the lowest effective dose and by whom | **Y**  **Y**  **Y** | **N**  **N**  **N** |

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| **Alcohol misuse** | | |
| Alcohol misuse  Input from alcohol liaison team  Community follow up plans \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Thiamine prescribed | **Y**  **Y**  **Y**  **Y** | **N**  **N**  **N**  **N** |

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| **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** |

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| **Communication with patient** | | |
| Have the following been explained to the patient and/or family?  The diagnosis of chronic liver disease  The 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:………………………………………..