

# A retrospective study of quality of care of patients with decompensated liver cirrhosis in the first 24 hours of admission to a local district general hospital in the UK

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## Aims

This audit was a retrospective study to assess the quality of care of patients with decompensated cirrhosis in a local district general hospital in the UK against the recommended standard of care in the cirrhosis care bundle developed by the British Association for the Study of the Liver in 2014 following the 2013 National Confidential Enquiry into Patient Outcome and Death of patients with alcohol-related liver disease.

## Methods

28 patients with a total of 37 admissions were identified and included in the study. We reviewed retrospectively all patients' medical records for documentations, medication charts, observation charts, fluid balance charts, blood results, and radiological images within the first 24 hours of their admissions. Data were collected and electronically entered into a Microsoft Excel table for subsequent analysis.

## Results

Among all the initial investigations, both blood cultures (7/37, 18.9%) and urine analysis (8/37, 21.6%) were poorly performed. Accurate alcohol intake was not documented in nine cases (24.3%). Out of 14 patients with history of alcoholic misuse, only half were given intravenous thiamine as part of initial management. 18 out of 19 patients (94.7%) presented with ascites underwent diagnostic ascitic tap in the first 24 hours of admission. No spontaneous bacterial peritonitis was diagnosed. Only two out of ten patients (20.0%) with acute kidney injury were started on strict fluid balance charts. Patients who presented with upper gastrointestinal bleed were all managed relatively well. Only half of those who presented with encephalopathy underwent CT head scans and were prescribed regular lactulose on admission. Only half of the 16 non-bleeding patients were given prophylactic enoxaparin.

## Conclusions

Improvements are required especially in documentation of alcohol history as well as organising septic screen in acutely decompensated cirrhotic patients. Adopting the care bundle on admission should significantly improve initial care of these patients. Care bundle has been approved by the local NHS trust as the official guideline for management of decompensated cirrhosis and it can be easily accessible on the trust intranet. A prospective audit is currently being undertaken to reassess the quality of care in decompensated cirrhotic patients with care bundle in place. ■

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