

Management of patients with decompensated liver cirrhosis within first 24 hours of admission: an audit against BSG–BASL cirrhosis care bundle pathway

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Introduction

- > Incidence of liver cirrhosis is rising worldwide. Decompensated liver cirrhosis (DLC) is associated with 10–20% inpatient mortality.
- > Recognition of conditions and starting an early effective intervention can save lives and reduce hospital stay in patients with DLC. A recent National Confidential Enquiry into Patient Outcome and Death (NCEPOD) report in 2013 revealed that only 47% of patients received good care.
- > Due to that report, British Society of Gastroenterology–British Association for the Study of the Liver (BSG–BASL) has developed the ‘Cirrhosis care bundle pathway’ which provides a checklist to ensure that all appropriate investigations are undertaken when a patient with DLC presents to the hospital. These investigations should be performed ideally within 6 to 24 hours of attendance.

Method

- > The aim of the study was to audit the current practice in our trust against the ‘BSG–BASL cirrhosis care bundle pathway’ proforma.
- > Gastroenterology junior doctors visited the medical admission units daily to identify patients admitted with DLC over a 6 week period.

Results

- > The majority of the patients (74%) were male. All were Caucasians.
- > The median age was 50 years (range: 27, 83 years).
- > The median number of days in hospital was 14.5 days (range: 3, 86 days).
- > Six patients died (17% mortality rate).
- > Eighty per cent of patients (n=28) were seen by a gastroenterologist within 24 hours of admission.

Conclusions

This audit highlighted the need for improvement in many areas:

- > Basic investigations such as liver function tests, coagulations, electrolytes (Ca/Mg/PO₄) should be checked in all patients with DLC.
- > Alcohol intake should be documented in all patients (only 77% were noted in our study).
- > All patients presented with ascites should have ascitic tap (only 44% in this study).
- > Don't forget to give albumin in spontaneous bacterial peritonitis (only 20% received albumin).
- > Think of low-molecular-weight heparin in DLC patients with no evidence of gastrointestinal bleed since they are at risk of developing thromboembolism. ■

Conflict of interest statement

None declared.

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