

Jaundice Pathway

For the purpose of this pathway obstructive jaundice will be jaundice elicited clinically or and biochemically.

1. Biochemical definition will be deemed a raised bilirubin at levels of 2-3 times or more the upper limit of normal (by the Local Lab (>50), associated with a disproportionate rise in alkaline phosphatase and gamma GT compared to transaminases (ALT and AST).

2. Acute biliary sepsis (Cholangitis). For the purpose of this pathway is defined as jaundice with abdominal pain and fever, with or without rigor. Patients presenting with such symptoms are excluded from this pathway and should be admitted for urgent inpatient assessment and management.

PATHWAY

A. Pre-referral patient assessment in the community by the GP to include a detailed history including drug history and infective risk assessment, physical examination for exclusion of decompensated chronic liver disease and primary blood tests (FBC, U&E, INR/clotting profile, LFT's, CRP Albumin and Calcium, CRP).

B. Same day referral for patients on suspected cancer jaundice pathway if deemed appropriate.

C. Referral

1. Referral should be faxed the same day to the Proforma hotline on 0161 419 5599.

2. The referral will be uploaded by bookings to the Evolve queue (suspected cancer jaundice pathway group) and patient will be added to Somerset database for cancer tracking.

3. The HPB / Hepatology Nurse will vet the referral and if deemed appropriate will arrange for the patient to have an ultrasound scan, marked as suspected cancer jaundice pathway. Cut off for the referral for USS is 12noon the working day before.

4. HPB / Hepatology Nurse to liase with the patient and explain the nature of the appointment, stating that they will be having investigations and may require to stay in the whole day.

5. When the date for ultrasound has been arranged, HPB / Hepatology Nurse to add date of ultrasound to the evolve outcome and bookings to add patient to the MDCU clinic template.

D. Initial assessment on MDCU

1. The patient will attend MDCU on either a Monday, Wednesday or Friday morning at 08.00am in a prepped state with a view to proceed to abdominal USS at .10am on a

protected suspected cancer jaundice pathway slot. The superintendent radiographer should be informed of the patient's attendance by the HPB / Hepatology Nurse and the time and date for attendance of ultrasound should be agreed prior to the patient's attendance.

2. On attendance to MDCU the patient should be reviewed by a CNS, to ensure that they fulfil the criteria to be assessed on the jaundice pathway. History will be taken and clerking recorded with a standard acute medical assessment / admission document with special emphasis to comorbidities, drug history in specific to anti-coagulants and or anti-platelets and performance status. The WHO performance score will be assessed and recorded in the clerking and appropriate blood tests done to facilitate the assessment on the pathway. Test must include include FBC, LFTs, Coagulation and U&E's, which would allow progression to advance / invasive imaging with contrast such as CT scan, should the need arise.
3. It is particularly important that in assessing the patient, acute biliary sepsis is excluded. The Assessor should ensure that there are no features of acute biliary sepsis (Cholangitis). This includes abdominal pain, fever, rigors, jaundice and symptoms of systemic inflammatory response syndrome (SIRS). Please note that where sepsis is suspected, management of sepsis takes priority over imaging and the patient should be redirected for immediate management of Sepsis but not within this suspected cancer jaundice pathway.
4. USS of the abdomen/liver will be facilitated by the Radiology Dept, a provisional written report with diagnosis and recommendations on the management in relation to further imaging and onward referral by the HPB Team will be made. If an advanced imaging such as CT scan or MRI is required, the patient will be returned to MDCU after the initial USS to await CT scan or MRI, which will be facilitated same day by the Radiology Dept. After all of the investigations the patient will be returned to MDCU where the patient will be finally assessed by the Hepatology / HPB Nursing Team or Gastroenterology on call team (Registrar and/or Consultant) covering ward referrals, will facilitate further management as per suspected cancer jaundice pathway algorithm.
5. MRI / CT scans to be reported on the same day.
6. Post imaging patients will follow most appropriate pathway outcome.