



Objectives: Hepatitis and Cirrhosis

1. In a patient presenting with symptoms of hepatitis or abnormalities in liver enzymes, take a focused history to assist in establishing the etiology (e.g. new drugs, alcohol, viral infections)
2. In a patient with abnormal liver enzymes tests interpret the results to distinguish between obstructive and hepatocellular causes for hepatitis.
3. In a patient where an obstructive pattern has been identified,
 - a. Arrange for imaging
 - b. Refer for definitive management, if needed, in a timely manner.
4. In a patient with evidence of hepatitis, arrange for appropriate laboratory investigations to determine the etiology (e.g. viral serology, HIV, alpha-1-antitrypsin, ANA etc...)
5. In a patient with suspected or confirmed fatty liver, provide appropriate non-pharmacologic and pharmacologic management.
6. In patients positive for viral hepatitis (B or C):
 - a. Assess their infectiousness
 - b. Determine their HIV status
7. In patients with Hepatitis C, ensure appropriate screening for cirrhosis and hepatocellular carcinoma.
8. Offer prophylaxis to at-risk patients for Hepatitis A and Hepatitis B
9. Recognize the symptoms and signs of cirrhosis on history and physical examination.
10. In patients with evidence of compensated cirrhosis, prescribe appropriate preventative strategies to prevent decompensation.
11. Diagnose, treat, or refer if indicated, for management of complications of decompensated cirrhosis (ascites, spontaneous bacterial peritonitis, variceal bleed, encephalopathy).

** Mapped to the CFPC's 105 priority topics: #47-Hepatitis