

New findings of abnormal LFTs

Repeat in 6-8 weeks unless urgent clinical concern/significant elevation

All patients

1. Liver history

(Risks: Alcohol, Metabolic syndrome, medications/supplements, contacts, family history, systemic symptoms)

2. Liver screen

(FBC, Coag, LFTs (with AST and gGT), U&Es, HBV/HCV/EBV/CMV/HAV/HEV serology, iron studies (ferritin and TSat%: send HFE genotype if ferritin >300 and TSat% >45% on 2 occasions), liver autoantibodies (ANA, SMA, AMA), immunoglobulins (IgG, IgM, IgA), alpha 1 antitrypsin, ceruloplasmin)

3. Liver ultrasound

Known chronic liver disease

Stable

Clinical query?

Email:

hepatologynurses@beaumont.ie

Alarm features

Jaundice

Ascites

Encephalopathy

GI bleeding

Weight loss++

ALT ≥200

ALP ≥300

Lesion on US

1. Send to ED if acutely unwell

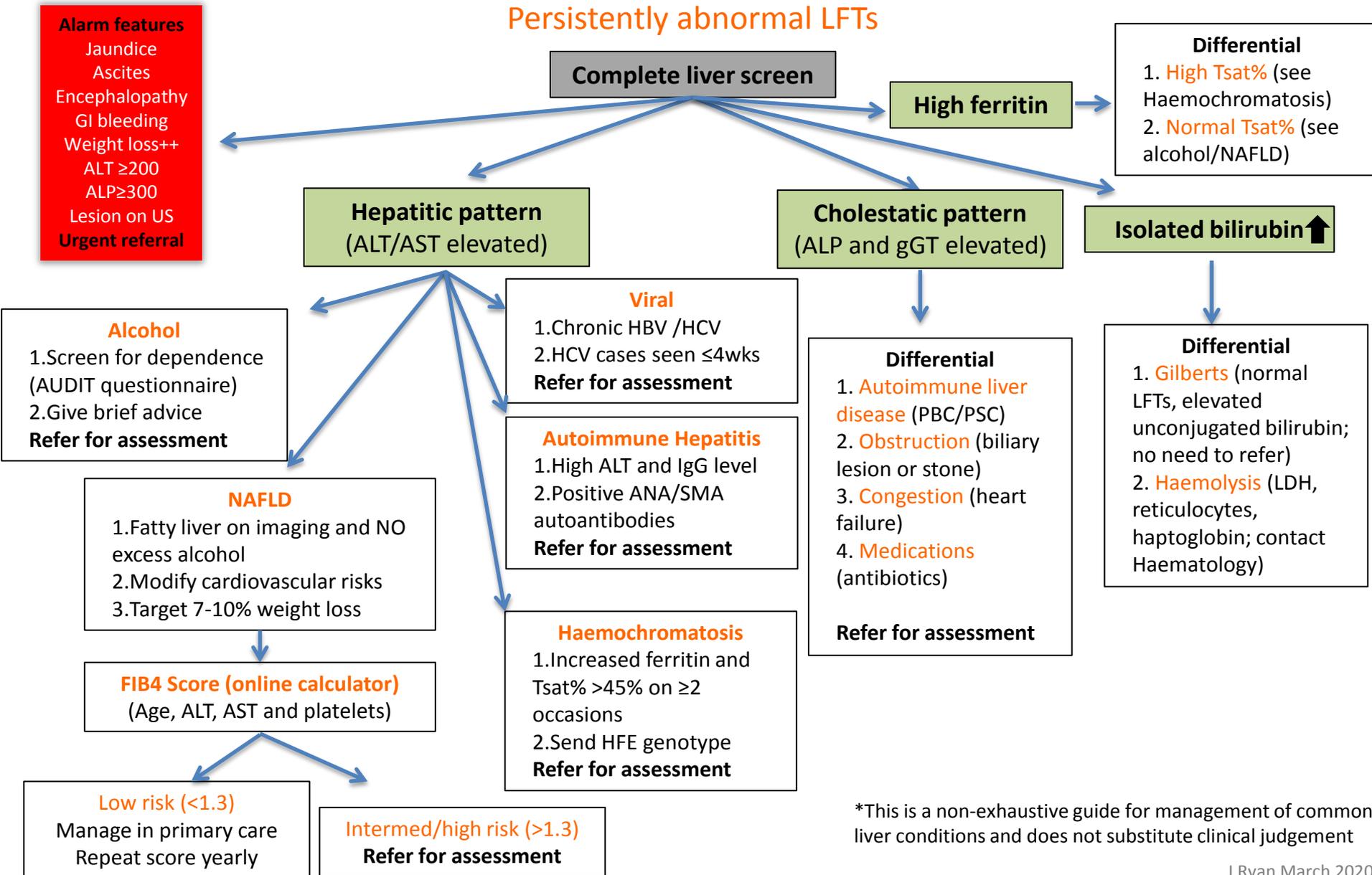
2. Contact email: hepatologynurses@beaumont.ie

- Response ≤ 48 hours

3. Send a referral: hepatologyadmin@beaumont.ie

- Urgent cases will be contacted/seen ≤14 days

Persistently abnormal LFTs



*This is a non-exhaustive guide for management of common liver conditions and does not substitute clinical judgement