Hepatitis C	Referral Guide: Page 1 of 2	Gastroenterology	
-------------	--------------------------------	------------------	--

#### Diagnosis/Definition:

A viral infection of the liver caused by an RNA virus, usually found as a chronic infection. Usually made initially by having a positive blood test for the Hepatitis C antibody. Confirmed by the presence of hepatitis viral DNA in the blood (identified by PCR).

# **Initial Diagnosis and Management:**

Patients should be screened for Hepatitis C if they have any of the following risk factors: previous intravenous drug use, blood transfusion (received prior to 1991), alcohol abuse (more than social drinking, i.e., one or two drinks a week), tattoos (prior to 1994), intranasal cocaine use, HIV positivity, Hepatitis C-positive sex partner, or participation in promiscuous sex.

## **Ongoing Management and Objectives:**

Patients should be educated about:

- 1) abstaining from all alcohol intake
- 2) abstaining from all illicit street drug use
- 3) safe sex practices
- 4) not allowing anyone in their family or close contacts to use their razor blades, toothbrushes, etc. having any psychiatric history addressed. Patients presently depressed or suffering from serious anxiety should be seen by a mental health service or referred for psychiatric evaluation.

Laboratory tests that should be drawn by the referring care giver: Hepatitis A total antibody (if the test is positive, anti-hepatitis A IgM should be determined) and Hepatitis B surface antigen and surface antibody. If the patient does not have antibodies against Hepatitis A or B he/she should be vaccinated against both of these diseases.

If patients desire to receive additional material on their disease they may call Hep C Connection at 303-860-0800. Hep C Connection will be happy to talk to them and send them out a packet of information.

### **Indications for Specialty Care Referral:**

If the patient desires to be treated for Hepatitis C a referral may be made to the GI Hepatitis Clinic. At the time of the patient's referral they must have abstained from alcohol use, IV drug use, and illicit street drug use for six months. Any prior psychiatric history must be addressed prior to their referral.

### Test(s) to Prepare for Consult:

At the time of their referral we would appreciate the following laboratory tests be done:

Hepatitis C antibody (needs to be in DHMC data file) Hepatic Function Panel CBC with differential

INR

Iron, Iron Saturation, Ferritin

Hepatitis A IgM, Hepatitis BsAg, BsAb (if not done previously for their vaccination status)

Basic electrolyte panel

TSH

ANA

Anti-smooth muscle antibody

### Test(s) Consultant May Need To Do:

Hepatitis C viral load
Hepatitis C genotype
Serum protein electrophoresis
Serum cryoglobulins
Alpha fetoprotein
Abdominal ultrasound
Liver biopsy
HIV
Alpha-1 anti-trypsin
Serum ceruloplasmin

**Disclaimer:** Adherence to these guidelines will not ensure successful treatment in every situation. Further, these guidelines should not be considered inclusive of all accepted methods of care or exclusive of other methods of care reasonably directed to obtaining the same results. The ultimate judgment regarding the appropriateness of any specific procedure, therapy, or referral must be made by the physician/provider in light of all circumstances presented by an individual patient.

Hepatitis C	Referral Guide: Page 2 of 2	Gastroenterology		
Criteria for Return to Primary Care:				
be seen monthly to monitor their can they will be seen at 3 – and 6-month they will then return to their primary	re and address any side effects to the n post-treatment visits to assess their	n the GI Hepatitis Clinic (typically for one year). They will medications. Upon completion of the treatment course long-term viral remission status. If they remain viral free, se or do not respond to treatment, they will be offered trado Hospital may have available.		
Revision History: Created	Revised			

**Disclaimer:** Adherence to these guidelines will not ensure successful treatment in every situation. Further, these guidelines should not be considered inclusive of all accepted methods of care or exclusive of other methods of care reasonably directed to obtaining the same results. The ultimate judgment regarding the appropriateness of any specific procedure, therapy, or referral must be made by the physician/provider in light of all circumstances presented by an individual patient.