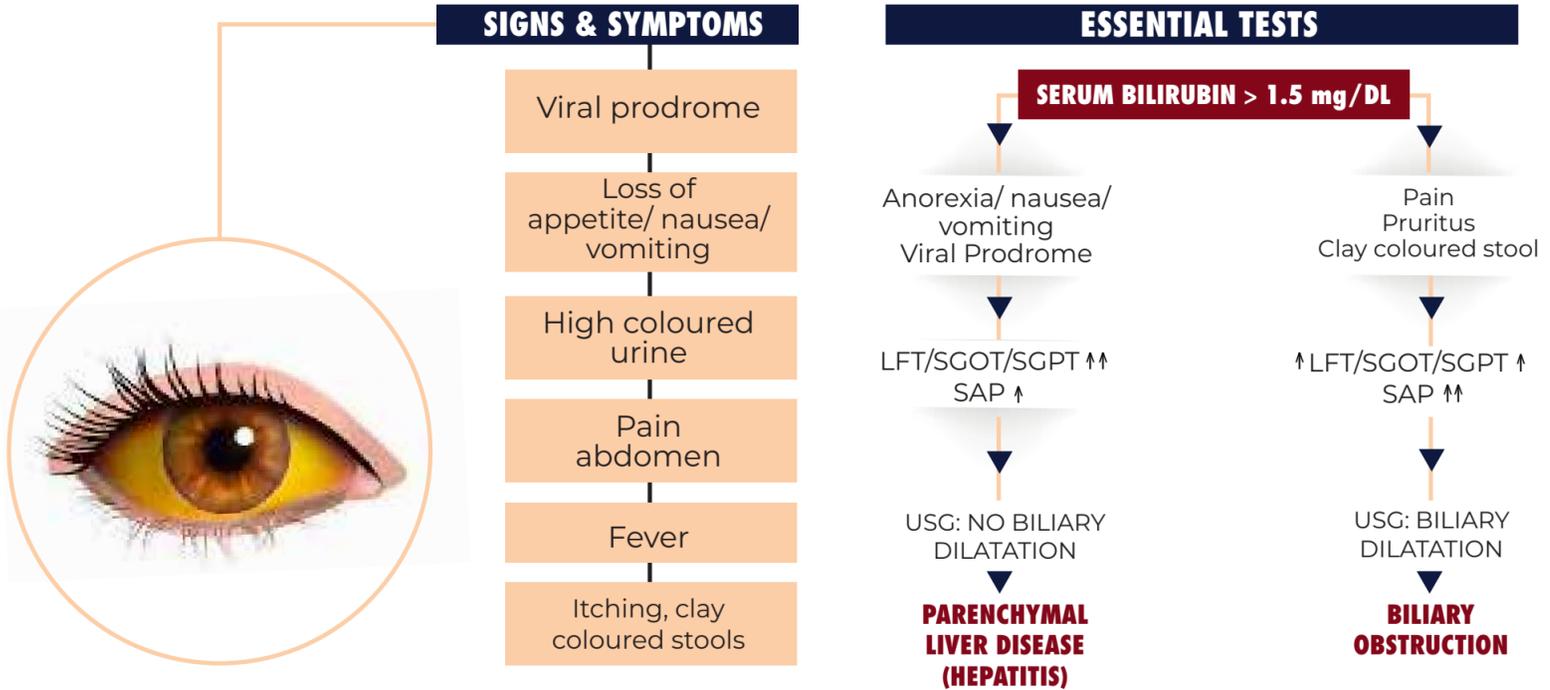




Standard Treatment Workflow (STW)

JAUNDICE

ICD-10-R17



DIFFERENTIAL DIAGNOSIS: COMMON CAUSES

JAUNDICE (ISOLATED RAISED BILIRUBIN)

- Hemolytic anaemia
- Congenital hyperbilirubinemia

OBSTRUCTIVE JAUNDICE

- Benign:**
- Common bile duct stone
 - Biliary stricture
- Malignant:**
- Carcinoma gall bladder
 - Carcinoma pancreas
 - Peri-ampullary carcinoma
 - Cholangiocarcinoma

PARENCHYMAL LIVER DISEASE

- Viral hepatitis
- Alcoholic hepatitis
- Drug induced hepatitis (eg: ATT)
- Autoimmune hepatitis

SYSTEMIC INFECTIONS (USUALLY WITH FEVER)

- Complicated malaria
- Enteric fever
- Dengue fever
- Scrub typhus
- Leptospirosis

SUPPORTIVE LAB EVIDENCE

- Isolated rise in bilirubin (indirect bilirubin > direct bilirubin)
- Normal values of SGOT, SGPT, SAP, GGT
- Normal ultrasonography of liver & biliary system

- Significantly elevated SAP (>4-5 X Upper limit of normal)
- Normal/ mildly elevated SGOT & SGPT
- Imaging show biliary obstruction

- Elevated SGOT & SGPT (usually >5 x Upper limit of normal; < 500 in alcoholic hepatitis)
- Viral markers/history of alcohol/hepatotoxic drugs

- In appropriate clinical setting:**
- Peripheral smear for malarial parasite or blood culture or widal test/ appropriate serology

MANAGEMENT

- **Hemolytic disease:** Start tablet Folic acid 5 mg once a day and refer to a hematologist
- **Congenital hyperbilirubinemia:** Reassurance & refer to higher center for confirmation
- Normal diet

- Start IV antibiotics if patient has fever and/or elevated TLC for suspected cholangitis
- Start IV fluids if patient dehydrated
- Refer to higher centre with facility for CT scan/MRCP for further work up
- Rx: ERCP/PTBD/Surgery
- Normal diet

- Maintain hydration
- Symptomatic Rx eg. antiemetics
- Normal diet
- Treat specific infectious illness
- Thiamine for alcoholic hepatitis
- AVOID ALCOHOL AND ALL NON PRESCRIPTION DRUGS

- Treat specific systemic infection
- Normal diet

REFERRAL TRIGGERS

INR >1.5 or rising INR- may be an early indicator of liver failure

Altered sensorium

Bleeding

Recurrent vomiting with dehydration

Hypotension (systolic BP <90 mmHg)

ABBREVIATIONS

ATT: Anti tubercular drugs
Bilirubin: Direct=conjugated, indirect=unconjugated
ERCP: Endoscopic retrograde cholangiopancreatography

LFT: Liver function test
GGT: gamma-glutamyl transferase
MRCP: Magnetic resonance cholangiopancreatography
PTBD: Percutaneous transhepatic biliary drainage

SAP: Serum Alkaline Phosphatase
SGOT: Serum Glutamic-Oxaloacetic Transaminase
SGPT: Serum Glutamic Pyruvic Transaminase
TLC: Total Leucocyte Count