


Forenames Surname Hospital No. D.O.B.	<div>  St Helens and Knowsley Teaching Hospitals NHS Trust </div> <h2>SDEC OBSTRUCTIVE JAUNDICE PATHWAY</h2>
PATIENTS MUST NOT BE AMBULATED FROM ED WITHOUT REVIEW ON WARD	
<p>HISTORY: Duration of the current episode, previous episodes of jaundice, changes in stools and urine, itching, location and radiation of pain; systemic symptoms of fever, rigors, arthralgia, myalgia, rash, fatigue, nausea, vomiting, and weight loss; travel abroad; history of intravenous drug use or blood transfusion; exposure to hepatotoxic drugs; and occupation, history of gallstones, pancreatitis, hepato-pancreatico-biliary surgery or ERCP.</p> <p style="text-align: center;">↓</p> <p>EXAMINATION: Assess vital signs and identify signs of chronic liver disease, lymphadenopathy, abdominal masses, tenderness, or ascites. Take a urine sample to check for bilirubin.</p> <p style="text-align: center;">↓</p> <p>Full blood count, liver function tests, urea and electrolytes, clotting screen</p> <p style="text-align: center;">↓</p> <p>Admit for assessment if:</p> <p>Patient is acutely unwell, for example if encephalopathy is suspected or they have a fever; cholangitis is suspected; bilirubin is greater than 100 micromol/L; renal function is abnormal or patient is dehydrated ; clotting profile is abnormal; patient is frail or have significant co-morbidities; patient requiring significant analgesia; paracetamol overdose is suspected.</p> <p style="text-align: center;">↓</p> <p>If none of the above apply arrange SDEC ultrasound for the following morning</p>	

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<div><div>Doctor's Name _____</div><div>Designation _____</div><div>Signature _____</div><div>Date _____</div></div>	