Highfield Medical Practice
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Date: 26 February 2026

To:
Dr. Anthony Clark
Consultant Hepatologist
Hepatology and Gastroenterology Unit
Westbridge General Hospital
Clinical Block B, WB2 8DD

URGENT REFERRAL: DECOMPENSATED ALCOHOL-RELATED LIVER DISEASE

Patient Details:

Name:	Mrs. Elaine Harper
DOB:	30/07/1971 (Age: 54)
Gender:	Female
NHS Number:	321 654 0987
Address:	44 Rose Crescent, Westbridge, WB1 4TT
Contact:	07700 900321

Dear Dr. Clark,

Presenting Complaint:

I am requesting an urgent same-day/ambulatory assessment for Mrs. Harper, a 54-year-old female who has presented to the practice today exhibiting clear signs of hepatic decompensation. She presents with a 2-week history of rapidly increasing abdominal girth, new-onset overt clinical jaundice, bilateral leg swelling, and mild cognitive impairment.

History of Presenting Complaint:

Mrs. Harper attended the clinic accompanied by her daughter, who provided much of the collateral history. Over the past 14 days, Mrs. Harper has developed significant abdominal distension, causing her profound discomfort and breathlessness upon lying flat. Her daughter notes that Mrs. Harper's sleep-wake cycle has completely inverted (sleeping all day, awake all night), and her short-term memory has visibly deteriorated. She has had a poor oral intake over the last week, subsisting mostly on fluids. There has been no hematemesis, and stools are reported as normal in colour (no melaena). She denies fever or localized abdominal pain.

Relevant Medical History:

- Severe Alcohol Use Disorder (AUD).
- Previous alcohol withdrawal seizures (requiring brief ICU admission in 2020).
- Essential Hypertension.
- Known alcohol-related fatty liver disease (diagnosed via ultrasound in 2022, but she subsequently disengaged from all primary and secondary care follow-up).

Medication History:

- Amlodipine 5mg OD (Daughter reports poor compliance recently).
- Thiamine 50mg BD.
- Folic Acid 5mg OD.

- No known drug allergies.

Alcohol, Smoking, and Social History:

Mrs. Harper lives alone but receives daily visits from her adult daughter. She is currently unemployed and receiving disability benefits. Following a period of relative sobriety, she suffered a severe relapse six months ago following a family bereavement. She is currently consuming approximately 1.5 to 2 bottles of wine, supplemented with 200ml of vodka daily (equating to roughly 120–140 units per week). Her Severity of Alcohol Dependence Questionnaire (SADQ) score historically suggests severe physical dependence. She smokes 15 cigarettes a day.

Examination Findings:

Mrs. Harper appears chronically unwell, malnourished (visible temporal muscle wasting), and smells strongly of alcohol. She is deeply jaundiced with marked scleral icterus.

Neurologically, she is conscious but sluggish. She is oriented to person and place, but is hazy on the exact date and year, scoring 7/10 on the Abbreviated Mental Test (AMT). A distinct flapping tremor (asterixis) is present when her wrists are extended, consistent with Grade I/II Hepatic Encephalopathy.

Vitals: BP 105/65 mmHg, HR 98 bpm (regular), Temp 36.9°C, SpO_2 96% on room air.

Cardiovascular and respiratory exams are otherwise unremarkable.

Abdomen: Grossly distended and tense. The umbilicus is everted. Shifting dullness and fluid thrill are strongly positive, indicating large-volume ascites. No focal peritonism or guarding is elicited. Liver and spleen cannot be palpated due to the fluid volume. Multiple prominent spider naevi are visible on her anterior chest and shoulders. She has pitting pedal oedema extending bilaterally to the mid-shin.

Investigation Results:

Laboratory Findings (Drawn yesterday, 25/02/2026, urgently processed):

- Bilirubin: 85 μmol/L (Ref: <21)
- ALP: 210 U/L (Ref: 30–130)
- ALT: 105 U/L (Ref: 0–35)
- AST: 240 U/L (Ref: 0–35) [AST:ALT ratio > 2.2, classic for alcohol-related liver injury]
- Albumin: 26 g/L (Ref: 35–50)
- Coagulation: INR 1.6, PT 17.5s
- FBC: Hb 105 g/L (Macrocytic, MCV 108 fL), WCC 9.1×10^9/L, Platelets 95×10^9/L
- U&Es: Na 129 mmol/L [Dilutional hyponatremia], K 3.8 mmol/L, Creatinine 95 μmol/L, Urea 2.1 mmol/L.
- Estimated Child-Pugh Score based on these results: 11 (Class C – Severe hepatic impairment).

Provisional Diagnosis:

Decompensated Alcohol-Related Cirrhosis (manifesting as jaundice, large-volume ascites, coagulopathy, and Grade I/II hepatic encephalopathy). Possible superimposed acute alcoholic hepatitis.

Reason for Referral:

Mrs. Harper has established, severe hepatic decompensation. I am referring her urgently to your Hepatology Hot Clinic / Ambulatory Care Unit today. She urgently requires a diagnostic ascitic tap to exclude spontaneous bacterial peritonitis (SBP), initiation of prophylactic antibiotics if

indicated, optimization of aldosterone-antagonist diuretic therapy (spironolactone), and commencement of lactulose/rifaximin for her encephalopathy. Her daughter will drive her directly to the unit this afternoon. I have provided a dose of Pabrinex IM in the clinic today as a bridge. Given her relatively stable hemodynamics and lack of fever, I am circumventing the Emergency Department as per our local decompensated liver pathway, but she requires urgent specialist intervention.

Yours sincerely,

Dr. Sarah Jenkins, MRCGP
General Practitioner
Highfield Medical Practice