

Triage Criteria and Referral Process for Physicians and Nurse Practitioners

Hepatology	
Emergent	<p>Criteria (not all inclusive)</p> <ul style="list-style-type: none"> • Acute liver injury due to drugs, toxins, viruses or ischemia with elevated moderate-severe liver enzyme elevation, increasing INR, and/or rising total bilirubin. • Decompensated cirrhosis associated with grade 3-4 hepatic encephalopathy, bacterial peritonitis, or variceal bleeding. • Chronic liver disease with acute organ/system failure including total bilirubin \geq 100umol/L, creatinine \geq 150Umol/L, INR \geq 2. <p>Process</p> <ol style="list-style-type: none"> 1) Direct the patient to the nearest emergency department. 2) Contact local Senior Internist as patient will usually need admission. 3) PHONE 902-473-2220 "Gastroenterologist on call for Halifax Infirmiry site" for assistance with the initial management.
Urgent	<p>Criteria (not all inclusive)</p> <ul style="list-style-type: none"> • Patient with cirrhosis with moderate/severe ascites in spite dietary sodium restriction and initiating combination of furosemide and spironolactone, or liver dysfunction (INR > 1.7 off warfarin/DOACs, total bilirubin > 50umol/L) for more than one month. • Liver lesion or mass especially if suspected to be malignant should be directed to one of the hepatobiliary surgery specialists at QEII. <p>Process</p> <ol style="list-style-type: none"> 1) Written requests only; FAX info to 902-473-4406
Semi-Urgent	<p>Criteria (not all inclusive)</p> <ul style="list-style-type: none"> • Immunological liver diseases such chronic autoimmune hepatitis, primary sclerosing cholangitis, and primary biliary cholangitis. • Chronic viral hepatitis including chronic hepatitis B, and chronic hepatitis C with advanced fibrosis/cirrhosis. Patients with HCV and HIV or Age under 40 should be directed to one of the infectious disease specialists at the QEII. • Genetic liver conditions such as alpha-1-anti-trypsin deficiency (with liver disease), hereditary hemochromatosis with advanced fibrosis/cirrhosis, polycystic liver disease and Wilsons disease. • Advanced liver disease who may need liver transplantation. These patients can be referred directly only by general internal medicine, gastroenterology, or hepatobiliary surgery specialists. <p>Process</p> <ol style="list-style-type: none"> 1) FAX or MAIL referral
Non-Urgent	<p>Criteria (not all inclusive)</p> <ul style="list-style-type: none"> • All other conditions <p>Process</p> <ol style="list-style-type: none"> 1) Because of limited resources and wait times beyond 6-12 months, we are not able to wait list these patients. You may consider referral to your local community-based general internal medicine specialists. If you have specific question(s) you may consider connecting with hepatologist by phone using the VirtualHallway.ca platform.