

Hepatitis B	Referral Guide: Page 1 of 2	Gastroenterology
<p>Diagnosis/Definition:</p> <p>A viral infection of the liver caused by a DNA virus.</p> <p>The patient will have a positive Hepatitis BsAg test. Patients who have been previously infected with the virus and have cleared it, will have a negative Hepatitis BsAg and a positive test to Hepatitis BsAbs.</p>		
<p>Initial Diagnosis and Management:</p> <p>Patients should be screened for Hepatitis B if they have any of the following risk factors: -blood transfusion prior to 1991, homosexual lifestyle, IVDA, HIV+, pregnancy, occupational health exposure (needlestick injury) or promiscuous sexual lifestyle.</p>		
<p>Ongoing Management and Objectives:</p> <p>If the patient's labs come back positive for Hepatitis BsAg and negative for Hepatitis BsAbs then please advise the patient of the following:</p> <ol style="list-style-type: none"> 1) abstain from all alcoholic drinks 2) abstain from any further use of any illicit street drugs 3) patient needs to advise any family members or roommates not to use their razor blades or toothbrushes 4) household contacts need to be vaccinated against Hepatitis B <p>With a positive Hepatitis BsAg you need to draw additional laboratory:</p> <p>Bun/Cr Hepatic Function Panel CBC with differential Hepatitis A total ab (if this is positive then IgM should be drawn) Iron, Iron Sat, Ferritin Hepatitis C Ab HIV INR</p> <p>Make sure the patient stays hydrated and if needed give him medications to control any nausea and vomiting. Based on the patient's condition, he can either be handled as an outpatient or be admitted. If the patient is having problems with hydration, significant pain or a quickly rising bilirubin then they need to be assessed for a medical admission.</p> <p>If the patient is monitored as an outpatient then please address the following:</p> <ol style="list-style-type: none"> 1) hydration 2) nausea and vomiting 3) pain 4) frequent lab draws for CBC/differential, Chem 7, LFTs 5) advise the patient that they may not begin feeling better for as long as 6 weeks after they initially became ill in an acute setting. Advise them that their Hepatitis BsAg will not change over to negative, and their Hepatitis BsAbs will not become positive until 6 months after their illness began. 6) At the patient's six month clinic visit please make sure to draw: CBC, LFTs, HepBsAg, HepBsAbs. At this time their HepBsAg should be negative, their antibodies should be positive. Their LFTs and CBC should be normal. If their BSAG has not changed over to negative or their LFTs have not normalized then they need to be seen in the GI clinic. 		

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.

