

Viral Hepatitis Case Presentation Request

Please send requests to: gdph.viralhepatitisecho@gmail.com

Encounter Date: ___/___/___ Site: _____ Clinician: _____

ECHO ID (GDPH Use Only): _____

Type of Patient:	<input type="checkbox"/> New patient	<input type="checkbox"/> Follow-up patient			
Age: _____					
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Non-conforming	Transgender: <input type="checkbox"/> FTM	<input type="checkbox"/> MTF
	<input type="checkbox"/> Other _____				
Insurance:	<input type="checkbox"/> Medicaid	Plan: _____			
	<input type="checkbox"/> Medicare	<input type="checkbox"/> Commercial Health Insurance	Plan: _____		
	<input type="checkbox"/> None				

Question(s) for ECHO Community:	_____
--	-------

Viral Hepatitis / Liver Disease History

HCV infection	<input type="checkbox"/> Yes Year of Diagnosis: _____ <input type="checkbox"/> No
HBV infection	<input type="checkbox"/> Yes Year of Diagnosis: _____ <input type="checkbox"/> No
HCV GT/VL, HIV co-infection, NS5A mutations	Genotype: <input type="checkbox"/> 1a <input type="checkbox"/> 1b <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 HCV RNA by PCR _____ HBV DNA _____ HIV co-infection: <input type="checkbox"/> Yes <input type="checkbox"/> No Y93 mutation: <input type="checkbox"/> Yes <input type="checkbox"/> No
Previous / Current HCV Treatment	<input type="checkbox"/> Treatment Naïve <input type="checkbox"/> Treatment Experienced Past response: _____ Regimen: _____ Duration: _____
Fibrosis Staging	Stage 0-1 Stage 2 Stage 3 Stage 4 (OK to select more than one stage) Assessment Tool(s): <input type="checkbox"/> FIB-4/APRI <input type="checkbox"/> FibroScan <input type="checkbox"/> FibroTEST (or similar) <input type="checkbox"/> Liver Biopsy <input type="checkbox"/> Imaging
Cirrhosis Complications	<input type="checkbox"/> None <input type="checkbox"/> Ascites <input type="checkbox"/> Hepatic encephalopathy <input type="checkbox"/> Variceal bleed <input type="checkbox"/> Compensated <input type="checkbox"/> De-compensated
Abdominal Imaging	<input type="checkbox"/> Ultrasound <input type="checkbox"/> CT <input type="checkbox"/> MRI <input type="checkbox"/> Not done Date: _____ Impression: _____
Hepatocellular Carcinoma (HCC)	<input type="checkbox"/> Yes <input type="checkbox"/> No Year of Diagnosis: _____ Treatment: _____

Physical Exam

<input type="checkbox"/> Palmar Erythema/Spider angiomata	<input type="checkbox"/> Palpable Liver/Spleen	<input type="checkbox"/> Ascites	<input type="checkbox"/> Peripheral edema
<input type="checkbox"/> Hepatic Encephalopathy <input type="checkbox"/> Jaundice <input type="checkbox"/> Gynecomastia <input type="checkbox"/> Other: _____			

Medical History

<input type="checkbox"/> HTN	<input type="checkbox"/> Hyperlipidemia	<input type="checkbox"/> DM	<input type="checkbox"/> Cardiovascular Disease
Other _____			

Psychiatric History

<input type="checkbox"/> Depression	<input type="checkbox"/> Anxiety	<input type="checkbox"/> Bipolar Disease	<input type="checkbox"/> Schizophrenia
<input type="checkbox"/> Other _____			

Viral Hepatitis Case Presentation Request

Please send requests to: gdph.viralhepatitisecho@gmail.com

Alcohol and Drug Use

<input type="checkbox"/> Current ETOH	<input type="checkbox"/> Current IVDU	<input type="checkbox"/> Current Illicit Drug Use
<input type="checkbox"/> History of heavy ETOH	<input type="checkbox"/> Past IVDU	<input type="checkbox"/> Other _____

Current Medications

Medication Name/Dose	Medication Name/Dose	Medication Name/Dose

Body Mass Index (BMI): _____

Lab Results

ALT	INR	anti-HAV	
AST	FibroTEST	HBsAg	
Alk phos	Fib-4*	anti-HBs	
Albumin	APRI*	anti-HBc	
Total bili	FibroScan kPa	HBV DNA	
Hgb	FibroScan IQR%	HBeAg	
Platelets	FibroScan CAP score	anti-HBe	
Creatinine			

Other Labs: _____

If Cirrhotic, please indicate Child-Pugh and MELD-Na Scores:

Child Pugh Score: A B C Points: _____

MELD-Na Score*: _____

FIB-4 Interpretation

Points < 1.45: Cirrhosis less likely
Points ≥ 1.45 and ≤ 3.25: Indeterminate
Points > 3.25: Cirrhosis more likely

APRI Interpretation

Points ≤ 0.5: Significant Fibrosis or Cirrhosis less likely
Points > 0.5 and ≤ 1: Significant Fibrosis indeterminate, Cirrhosis less likely
Points > 1 and ≤ 1.5: Significant Fibrosis more likely, Cirrhosis indeterminate
Points > 1.5 and ≤ 2: Significant Fibrosis more likely but Cirrhosis indeterminate
Points > 2: Significant Fibrosis and Cirrhosis more likely

Child-Pugh Score for Cirrhosis Mortality
<http://www.mdcalc.com/child-pugh-score-for-cirrhosis-mortality/>

*For Clinical Calculators (APRI, MELD, etc.), visit:

<http://www.hepatitisc.uw.edu/page/clinical-calculators/meld>