FOUNDATIONS of Emergency Medicine

Foundations Frameworks

Approach to Jaundice

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Chronic Liver Failure, Cirrhosis

Evaluate for disease specific entities:

- Spontaneous Bacterial Peritonitis
- Hepatic Encephalopathy
- Variceal Bleed
- Hepatorenal Syndrome

Acute Jaundice

Hemolysis

- Unconjugated hyperbilirubinemia without significant LFT abnormality
- Check CBC, LDH, schistocytes, haptoglobin
- MAHA, TTP/HUS, DIC, HELLP, transfusion

Hepatocellular Disease

- Elevated LFTs, bilirubin with often normal to mildly elevated alk phos

Alcoholic Hepatitis

- AST > ALT typically 2 times greater

Tox/Drugs

- Acetaminophen toxicity, Check medication list

Viral Hepatitis

- Hep A: food borne
- Hep B: fever, abd pain, N/V
- Hep C: asymptomatic in early stage

Obstructive

- Elevated LFTs, bilirubin and alk phos
- Etiologies: Neoplasm vs Gallstone
- Imaging: RUQ ultrasound vs CT A/P
- Infectious: Ascending cholangitis, possibly cholecystitis: fever, elevated WBC, + murphy's, US findings (peri-cholecystic fluid, thickened gallbladder wall, sonographic murphy's
- Non-infected: Choledocholithiasis, gallstone pancreatitis: needs ERCP