Ambulatory Emergency Care Pathways

Painless Obstructive Jaundice

Effective Date: December 2011
# Content Summary

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<td>Condition Details</td>
<td>Identifies pathway details and clinical sign-off</td>
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<td>Identifies the pathway to follow to identify patients suitable for Ambulatory Care</td>
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<td>Criteria for patients appropriate for the pathway</td>
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<td>Identifies how the pathways are measured</td>
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1. Condition Details

Sign Off:

Pathway Designed by Clinical Subject Matter Expert

______________________________  Signed

______________________________  Print

Pathway Approved by Specialty Lead

______________________________  Signed

______________________________  Print

Pathway Authorised by Divisional Director

______________________________  Signed

______________________________  Print
2. Pathway Algorithm

Patient Presents with: Jaundice

History & Examination
(Including basic observations)

Investigations
USS Upper Abdo, FBC, INR, U&Es, LFTs, CA19-9

Red Flags:
Bilirubin >150µmol/l, INR prolonged, Pregnancy, Encephalopathy, Abnormal Renal Function
Cholangitis

Yes

Obstructive LFTs & Dilated Biliary System on USS

Obstructive LFTs & Non-Dilated Bile Ducts, Cholecystitis on USS

Inpatient Surgical Referral?

Yes

Discharge Patient
- Order ERCP
- Issue Patient Information
- Letter to GP
- “Tick” APD box on CAS form

No

Obstructive LFTs & Non-Dilated Biliary System on USS

Request an URGENT Gastro referral or NEW Gastro Outpatient appointment

Yes

Significant Co-Morbidities?

Yes

Discharge Patient
- Order ERCP
- Issue Patient Information
- Letter to GP
- “Tick” APD box on CAS form

No

Non-Obstructive LFTs & Non-Dilated Biliary System on USS

Discharge Patient
- Ensure Gastro Appointment arranged (Fax to 01932 723388)
- Issue Patient Information
- Letter to GP
- “Tick” APD box on CAS form

No

Obstructive LFTs & Dilated Biliary System on USS

Arrange ERCP on next available list. Also, if Malignancy suspected, arrange urgent CT scan of Abdomen

No

Discharge Patient
- Order MRCP
- Issue Patient Information
- Letter to GP
- “Tick” APD box on CAS form

Discharge Patient
- Ensure Gastro Appointment arranged (Fax to 01932 723388)
- Issue Patient Information
- Letter to GP
- “Tick” APD box on CAS form

No

Make new Surgical Outpatient Appointment
3. Patient Criteria

<table>
<thead>
<tr>
<th>Red Flags - Exclude the following Patients and Admit:</th>
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</thead>
<tbody>
<tr>
<td>Bilirubin &gt;150µmol/l</td>
</tr>
<tr>
<td>Encephalopathy</td>
</tr>
<tr>
<td>Pregnancy</td>
</tr>
<tr>
<td>INR prolonged</td>
</tr>
<tr>
<td>Abnormal Renal Function</td>
</tr>
<tr>
<td>Cholangitis</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Clinical Criteria that requires addressing same day for AECP, else Admit / Reconsider Diagnosis:</th>
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<tbody>
<tr>
<td>Jaundice</td>
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</table>
4. Patient Information

What is Jaundice?
Jaundice is caused by any conditions or disorders that disrupt the functions of the liver.

The main symptom is yellowing of the skin and the whites of the eyes due to the build-up of a substance called bilirubin in the blood and tissues of the body.

Bilirubin is a waste product that's produced during the normal breakdown of red blood cells. The liver combines bilirubin with bile and it's released into the digestive system and passed out of the body in urine or stools. It is bilirubin that gives urine its light yellow colour and stools their dark brown colour.

Other symptoms may include itching, pale coloured urine and/or stools and, in sever cases, confusion or reduced levels of consciousness.

How did I get it?
There can be multiple causes for Jaundice and the pathway you have commenced today (including any investigations and treatments) will enable your doctor to understand the cause of your Jaundice which they will be able to discuss with you.

How will it be treated?
Your course of treatment will depend on the outcome of the investigations and your forthcoming appointment.

If you have been itching, you may have been prescribed anti-histamine that will work to reduce/stop that itching.

What happens next?
You will be contacted by the hospital to arrange an appointment date and time with your Doctor. At this appointment, they will discuss your condition with you and answer any questions you may have.

What can I do if I become worried about my condition?
If at any point you feel that your condition has worsened or there are any signs of bleeding or confusion, please see your GP in the first instance if possible, or otherwise, return to A&E.

The information in this leaflet is not intended to replace the advice given to you by your doctor or the service looking after you.
### 5. KPIs

<table>
<thead>
<tr>
<th>KPIs</th>
<th>Description</th>
<th>How it will be measured</th>
<th>Baseline (2010/11)</th>
<th>At Min %</th>
<th>At Max %</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Core KPIs</strong></td>
<td><strong>Reduction in the number of patients requiring a stay of more than 24 hours (i.e. a 0-Day LoS)</strong></td>
<td>PAS</td>
<td>27</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td><strong>Reduction in the Avg number of Bed Days utilised for the condition</strong></td>
<td>PAS</td>
<td>21</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td><strong>Reduction in Bed Numbers</strong></td>
<td>PAS</td>
<td>0.058</td>
<td>0.001</td>
<td>0.003</td>
</tr>
<tr>
<td><strong>Other KPIs</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td><strong>Scope</strong></td>
<td><strong>Scope:</strong> Patients entering the AECP Pathway at St. Peter’s Hospital</td>
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<tr>
<td><strong>Governance</strong></td>
<td><strong>Governance:</strong> Reports to the Unscheduled Care Programme Board and Divisional Performance Review Meetings</td>
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- Above Min and Max figures are part year effects for 2011/12 based on month of implementation