

STANDARD TREATMENT WORKFLOW (STW)

Jaundice

Usha Dutta¹, Vineet Ahuja², Ashwini Setya³, Brij Sharma⁴, CE Eapen⁵, Jimil Shah⁶, Kaushal Madan⁷, Madhumita Premkumar⁸, Peush Sahni⁹, Pratap Mouli¹⁰

¹Post Graduate Institute of Medical Education and Research, Chandigarh; ²All India Institute of Medical Science, New Delhi; ³Max Hospital, Delhi; ⁴Indira Gandhi Medical College and Hospital, Shimla; ⁵Christian Medical College Vellore; ⁶Post Graduate Institute of Medical Education and Research, Chandigarh; ⁷Max Hospital, Delhi; ⁸Post Graduate Institute of Medical Education and Research, Chandigarh; ⁹All India Institute of Medical Science, New Delhi; ¹⁰Guntur Medical College, Guntur

CORRESPONDING AUTHOR

Dr. Usha Dutta, Department of Gastroenterology, Post Graduate Institute of Medical Education and Research, Chandigarh.

Email: ushadutta@gmail.com

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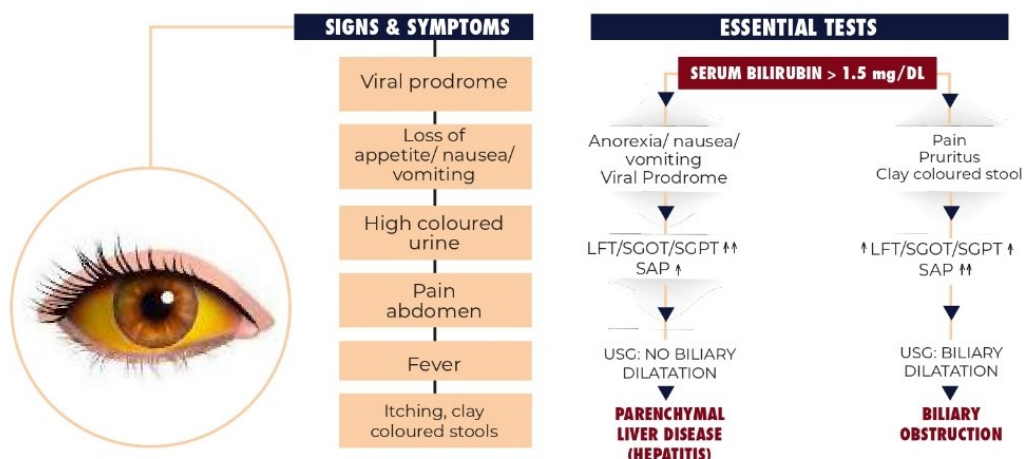


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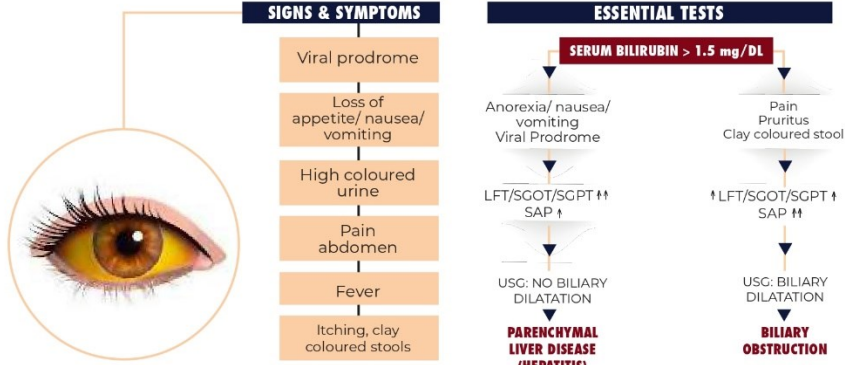
Standard Treatment Workflow (STW)

JAUNDICE

ICD-10-R17



Standard Treatment Workflow (STW) JAUNDICE ICD-10-R17



DIFFERENTIAL DIAGNOSIS: COMMON CAUSES

JAUNDICE (ISOLATED RAISED BILIRUBIN)	OBSTRUCTIVE JAUNDICE	PARENCHYMAL LIVER DISEASE	SYSTEMIC INFECTIONS (USUALLY WITH FEVER)
<ul style="list-style-type: none"> • Hemolytic anaemia • Congenital hyperbilirubinemia 	<p>Benign:</p> <ul style="list-style-type: none"> • Common bile duct stone • Biliary stricture <p>Malignant:</p> <ul style="list-style-type: none"> • Carcinoma gall bladder • Carcinoma pancreas • Peri-ampullary carcinoma • Cholangiocarcinoma 	<ul style="list-style-type: none"> • Viral hepatitis • Alcoholic hepatitis • Drug induced hepatitis (eg: ATT) • Autoimmune hepatitis 	<ul style="list-style-type: none"> • Complicated malaria • Enteric fever • Dengue fever • Scrub typhus • Leptospirosis

SUPPORTIVE LAB EVIDENCE

<ul style="list-style-type: none"> • Isolated rise in bilirubin (indirect bilirubin > direct bilirubin) • Normal values of SGOT, SGPT, SAP, CGT • Normal ultrasonography of liver & biliary system 	<ul style="list-style-type: none"> • Significantly elevated SAP (>4-5 X Upper limit of normal) • Normal/ mildly elevated SGOT & SGPT • Imaging show biliary obstruction 	<ul style="list-style-type: none"> • Elevated SGOT & SGPT (usually >5 x Upper limit of normal; < 500 in alcoholic hepatitis) • Viral markers/history of alcohol/hepatotoxic drugs 	<p>In appropriate clinical setting:</p> <ul style="list-style-type: none"> • Peripheral smear for malarial parasite or blood culture or widal test/ appropriate serology
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MANAGEMENT

<ul style="list-style-type: none"> • Hemolytic disease: Start tablet Folic acid 5 mg once a day and refer to a hematologist • Congenital hyperbilirubinemia: Reassurance & refer to higher center for confirmation • Normal diet 	<ul style="list-style-type: none"> • Start IV antibiotics if patient has fever and/or elevated TLC for suspected cholangitis • Start IV fluids if patient dehydrated • Refer to higher centre with facility for CT scan/MRCP for further work up • Rx: ERCP/PTBD/Surgery • Normal diet 	<ul style="list-style-type: none"> • Maintain hydration • Symptomatic Rx eg. antiemetics • Normal diet • Treat specific infectious illness • Thiamine for alcoholic hepatitis • AVOID ALCOHOL AND ALL NON PRESCRIPTION DRUGS 	<ul style="list-style-type: none"> • Treat specific systemic infection • Normal diet
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REFERRAL TRIGGERS

INR >1.5 or rising INR- may be an early indicator of liver failure	Altered sensorium	Bleeding	Recurrent vomiting with dehydration	Hypotension (systolic BP <90 mmHg)
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ABBREVIATIONS

ATT: Anti tubercular drugs Bilirubin: Direct=conjugated, indirect=unconjugated ERCP: Endoscopic retrograde cholangiopancreatography	LFT: Liver function test CGT: gamma-glutamyl transferase MRCP: Magnetic resonance cholangiopancreatography PTBD: Percutaneous transhepatic biliary drainage	SAP: Serum Alkaline Phosphatase SGOT: Serum Glutamic-Oxaloacetic Transaminase SGPT: Serum Glutamic Pyruvic Transaminase TLC: Total Leucocyte Count
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This STW has been prepared by national experts of India with feasibility considerations for various levels of healthcare system in the country. These broad guidelines are advisory, and are based on expert opinions and available scientific evidence. There may be variations in the management of an individual patient based on his/her specific condition, as decided by the treating physician. There will be no indemnity for direct or indirect consequences. Kindly visit the website of DHR for more information: stw.icmr.org.in for more information.
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