







# UCSF SFHBC Patient Record

## Patient Information

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

### TIMING NOTE:

- H&P: 1 hour
- Debrief with preceptor: 20 minutes
- Conclude with patient: 10 minutes

Date:	Time:	Medical Student:	Preceptor:	Interpreter:
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## History

**HPI:** Patient is a \_\_\_\_\_ year old \_\_\_\_\_ with chronic hepatitis B infection presenting for care.

**PMH:** see attached self-report form

**Meds:** (agent/dose/frequency/indication)

### Herbal Supplements:

### Risk Factor Assessment:

Substances (current use? past use? interested in quitting? prior cessation attempts?)

Any injection drug use?  Y  N If yes, age of first needle use: \_\_\_\_\_

Have you ever shared needles?  Y  N

Have you ever reused needles?  Y  N

Smoking:  Y  N # pack-years: \_\_\_\_\_ (copy from self-report form)

ETOH-specific: C -- Have you ever felt you ought to Cut down on your drinking or drug use?  Y  N

A -- Do you get Annoyed at criticism of your drinking or drug use?  Y  N

G -- Do you ever feel Guilty about your drinking or drug use?  Y  N

E -- Do you ever take an Early-morning drink to get the day started or to eliminate the "shakes"?  Y  N

Anyone in your family/household with hepatitis?  Y  N

Anyone in your family/household with liver cancer?  Y  N

Sexually active?:  Yes  No current partners:  male #\_\_\_/  female #\_\_\_ prior partners (past 5 years):  male #\_\_\_/  female #\_\_\_

Barrier protection: current use:  always  sometimes  never prior use:  always  sometimes  never

Contraception: current use: type \_\_\_\_\_  always  sometimes  none: if none, interested?  Y  N if applicable previous type: \_\_\_\_\_

Do you share razor blades or toothbrushes?

Any previous blood transfusions?  Y  N If yes, at what age? \_\_\_\_\_

**FH/SH:** see attached self-report form for more information

Place of birth (copy from self-report):

Migration history (copy from self-report):

### ROS:

**A. General** \_\_\_ fevers/\_\_\_ sweats \_\_\_ weight change \_\_\_ Δexercise tolerance/\_\_\_ Δenergy level/\_\_\_ malaise \_\_\_ myalgia/\_\_\_ weakness

**B. Derm** \_\_\_ rashes/\_\_\_ pruritis(itchy skin) \_\_\_ edema \_\_\_ lesions \_\_\_ jaundice (yellow skin)

**C. HEENT** \_\_\_ headache \_\_\_ icterus (yellow eyes) \_\_\_ tinnitus(ringing ears) \_\_\_ epistaxis(bloody nose) \_\_\_ oral icterus \_\_\_ bleeding gums

**D. Breast** \_\_\_ lumps/\_\_\_ swelling \_\_\_ discharge \_\_\_ pain \_\_\_ gynecomastia

**G. Gastrointestinal** \_\_\_ anorexia \_\_\_odynophagia (pain on swallowing)/\_\_\_ dysphagia(difficulty swallowing)

\_\_\_ heartburn/\_\_\_ nausea /\_\_\_ vomiting/\_\_\_ hematemesis \_\_\_ abd pain

\_\_\_ melena (black stool)/\_\_\_ hematochezia(bloody stool)/\_\_\_ diarrhea \_\_\_ constipation \_\_\_ Δbowel habits/color

**H. Genitourinary** \_\_\_ Δpubic hair pattern (thinning)

**J. Hematologic** \_\_\_ known anemia \_\_\_ easy bruising \_\_\_ heavy bleed

**L. Neurological** \_\_\_ confusion/\_\_\_ memory loss \_\_\_ insomnia

other acute symptoms:



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## Assessment

## Plan (Ddx, Rx, Pt. Edu):

Problem #1: Chronic HBV status

HBsAg-positive

- Order CBC w/ platelets
- Order liver panel (and repeat ALT every 3-6 months), includes:
  - Hepatocellular fxn: AST, ALT, GGT
  - Obstructive: alk phos, bilirubin
  - Synthetic fxn: PT, INR, albumin
- Order HBV DNA (and repeat every 6 months)
- Order HBeAg and anti-HBe
  - if eAg (+), repeat every 6-12 months
  - if eAg (-) and HBV DNA <  $2 \times 10^3$  IU/ml, repeat if ALT is high or fluctuating
  - if eAg (-) and HBV DNA >  $2 \times 10^3$  IU/ml, no need to repeat eAg -> follow DNA viral load
- Order  $\alpha$ -fetoprotein (and repeat every 6-12 months) to assess HCC
- Order ultrasound to screen for cirrhosis and HCC
- Order IgG anti-HAV to ascertain HAV immunity
- Order labs to assess co-morbidities:
  - Total anti-HAV (only if pt acutely ill or jaundiced)
  - anti-HCV
  - anti-HDV (rare in U.S.; only if IVDU or Vietnamese)
  - HIV-1 Ab
- Patient education:
  - HepB transmission counseling:
  - HepB family counseling/screening:
  - HepB disease course and treatment:
  - preventing HepB co-morbidities (HepC, HIV):

Problem #2:

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Problem #3:

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## Assessment Flow Sheet

Chronic hepatitis B: <input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> <li>Chronic if HBsAg-positive for 6-12 months</li> <li>Genotypes A, B more responsive to interferon than C, D</li> </ul>		
Genotype: _____ (not routinely done at SFGH)			
Vaccination against HepA: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date #1: _____ Date #2: _____		
Comorbidities: <input type="checkbox"/> HepC <input type="checkbox"/> HepD <input type="checkbox"/> HIV			
MELD Score: 6.4 + 3.8[serum bilirubin (mg/dL)] + 11.2[ln INR] + 9.6[ln serum creatinine (mg/dL)]	<ul style="list-style-type: none"> <li>≥ 25: Labs needed every 7 days → REFER</li> <li>24-19: Labs needed every 30 days</li> <li>18-11: Labs needed every 90 days</li> <li>≤ 10: Labs needed every year</li> </ul>		
<b>INTERPRETING DIAGNOSTIC RESULTS</b>			
<b>Hep B Stratification</b>	eAg	DNA	ALT
Immune Tolerant	+	>2x10 <sup>4</sup> IU/ml	Normal
Immune Clearance	+	>2x10 <sup>4</sup> IU/ml	Elevated (>2x)
Non-replicative (asymptomatic)	-	<2x10 <sup>3</sup> IU/ml	Normal
Precore Mutant / Reactivation	-	>2x10 <sup>3</sup> IU/ml	Variable
<b>Immune Tolerant Phase (Non-mutated chronic HBV infxn):</b> HBeAg-positive   HBV DNA >2x10 <sup>4</sup> IU/ml   normal ALT	<ul style="list-style-type: none"> <li>HBeAg every 6-12 months</li> <li>ALT every 3-6 months</li> <li>Consider biopsy if age &gt; 40</li> </ul>		
<b>Immune Clearance (Post-exacerbation) Phase:</b> HBeAg-positive   HBV DNA >2x10 <sup>4</sup> IU/ml   ALT high (>2x) or fluctuating	<ul style="list-style-type: none"> <li>HBeAg every 6-12 months</li> <li>Recheck ALT every 3 months</li> <li>Consider treatment for HBV disease progression if ALT does not resolve within 3-6 months</li> <li>Consider biopsy</li> </ul>		
<b>Non-replicative Phase (asymptomatic chronic carrier):</b> HBeAg-negative   HBV DNA <2x10 <sup>3</sup> IU/ml   ALT normal	<ul style="list-style-type: none"> <li>ALT every 3 months for first year, then every 6-12 months</li> <li>Check HBsAg every year for resolution</li> </ul>		
<b>Reactivation / Precore mutant chronic HBV infection:</b> HBeAg-negative   HBV DNA >2x10 <sup>3</sup> IU/ml	<ul style="list-style-type: none"> <li>If ALT high (&gt;2x) or fluctuating, consider treatment</li> <li>If ALT intermediate (1-2x), consider biopsy</li> </ul>		
<u>Liver Panel Interpretation</u>	<ul style="list-style-type: none"> <li>AST:ALT = 2:1, consider EtOH liver dmg</li> <li>ALT upper limit of normal: 37 U/L</li> <li>Bilirubin &gt; 3 mg/dL indicates liver decompensation</li> <li>Albumin &lt;2.8 g/dL indicates liver decompensation</li> <li>PT elevated indicates synthetic liver dysfxn</li> <li>INR elevated indicates synthetic liver dysfxn</li> <li>GGT <ul style="list-style-type: none"> <li>o if elevated, indicates hepatobiliary dz</li> </ul> </li> </ul>		
<u>Kidney Panel Interpretation</u>	<ul style="list-style-type: none"> <li>Creatinine, BUN elevated indicate kidney disease</li> </ul>		
<u>CBC</u>	<ul style="list-style-type: none"> <li>Low platelets indicate splenomegaly secondary to cirrhosis</li> </ul>		
<u>Ultrasound</u>	<ul style="list-style-type: none"> <li>If cirrhosis present, consider biopsy for staging</li> </ul>		
<u>α-fetoprotein</u>	<ul style="list-style-type: none"> <li>α-fetoprotein &gt; 20mcg/L, concern for liver cancer</li> </ul>		