Improving outcomes in decompensated liver disease
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Methods We conducted a historical case review of 33 admissions with a diagnosis of decompensated liver disease over 3 months, specifically assessing time to investigations and venous thromboembolism (VTE) risk assessments. Additionally, we conducted a survey of junior doctors to assess knowledge and to guide our intervention.

Results Notes were available for 25 admissions. The main presenting complaint were abdominal distension (16), jaundice (6) and dyspnoea (6). We found VTE prophylaxis was withheld in 76% (19) of admissions of which 31% (6) was inappropriate and 15 (3) assessments were incomplete. VTE prophylaxis was contraindicated and appropriately withheld in 21%(4). There were no VTE events documented. 81% had blood tests, 39% had an abdominal ultrasound, 24% had blood cultures and 15% had diagnostic paracetamol at 6 hours following admission. 0% had all four investigations. 60% of junior doctors surveyed were able to identify a higher risk of VTE in chronic liver disease however 60% stated VTE prophylaxis is contraindicated in cirrhosis with coagulopathy and 0% were 'confident' in recognising and managing decompensated cirrhosis. Inpatient mortality was 16% and 3 month mortality was 20%.

Discussion Our findings clearly demonstrate a deficit in the assessment and management; and suboptimal knowledge of decompensated liver disease in the acute medical unit. Mortality is in keeping with national figures however there remains an improvement opportunity. Our study is limited by the historical methodology as well as a small sample size and inability to incorporate direct admission to gastroenterology, self-discharges and patient mortality prior to admission.

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G Abouda, Consultant Gastroenterologist, Hull and East Yorkshire Hospitals
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R Driver, Specialty Registrar in Gastroenterology, Hull and East Yorkshire Hospitals.

References