

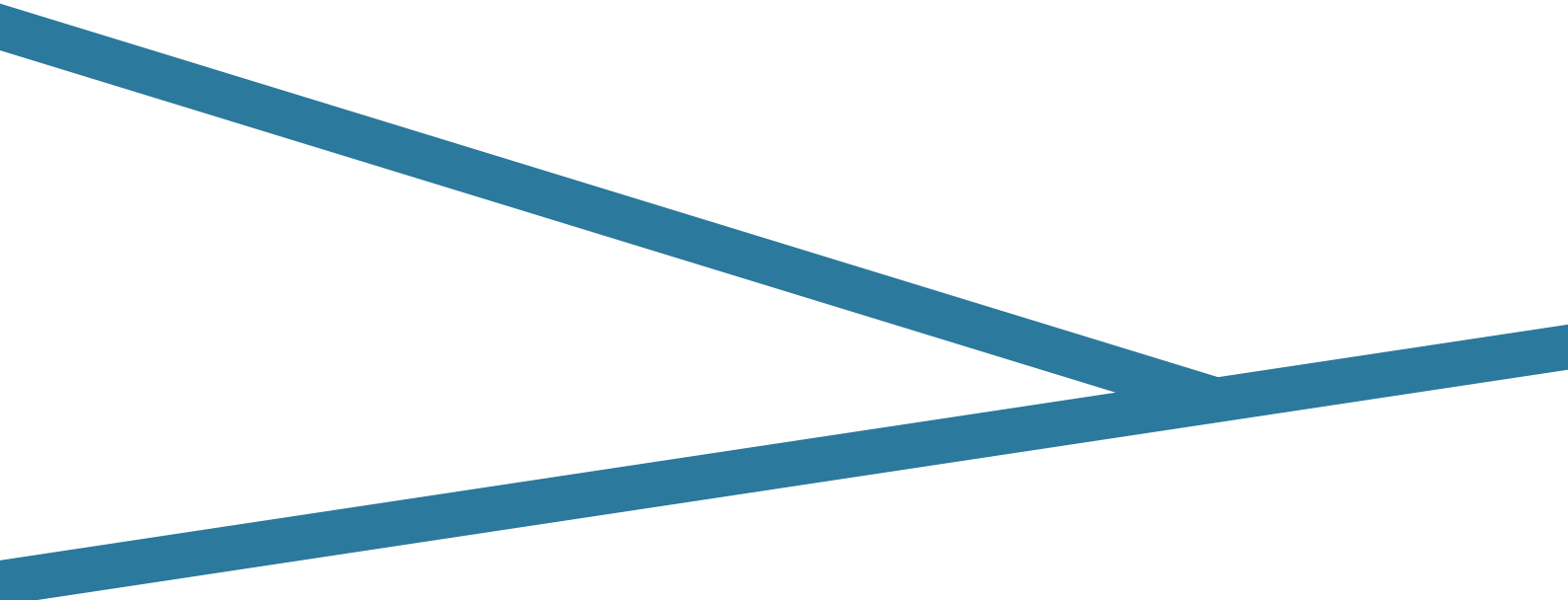
AHA CONSENSUS-BASED NURSING GUIDELINES FOR THE CARE OF PEOPLE

with Hepatitis B, Hepatitis C, Advanced Liver
Disease and Hepatocellular Carcinoma

AUSTRALIAN VERSION – 2019



Australasian
Hepatology
Association

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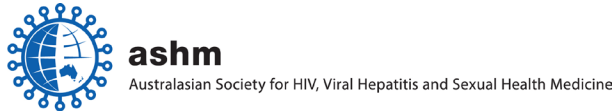
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ACRONYMS

AFP	Alpha Fetoprotein
AHA	Australasian Hepatology Association
ALT	Alanine Aminotransferase
AOD	Alcohol and Other Drugs
APRI	AST to Platelet Ratio Index
AST	Aspartate aminotransferase
CHB	Chronic Hepatitis B
CT	Computed Tomography
DEXA	Dual Energy X-ray Absorptiometry
ELF	Enhanced Liver Fibrosis
GP	General Practitioner
HE	Hepatic Encephalopathy
HCC	Hepatocellular Carcinoma
HIV	Human Immunodeficiency Virus
ICN	International Council of Nurses
MDT	Multidisciplinary team
MRI	Magnetic Resonance Imaging
NASH	Non-Alcoholic Steatohepatitis
NMBA	Nursing and Midwifery Board of Australia
PBC	Primary Biliary Cirrhosis
PSC	Primary Sclerosing Cholangitis
WG	Working groups

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The Australasian Hepatology Association (AHA) gratefully acknowledges the commitment and support of individuals who contributed to the development of the AHA Consensus-based Nursing Guidelines, including the AHA Board, the AHA Members involved in the Working Groups and those involved in the Expert Review.

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INTRODUCTION

The Australasian Hepatology Association (AHA) is a membership-based organisation representing and supporting nurses and allied health professionals caring for people with, or affected by, liver disease. The AHA was formed in 2002 and incorporated in 2004.

The AHA aims to:

- Build expertise, knowledge and quality practice in the field of hepatology.
- Contribute to policy and planning in order to advocate for improvement of care and treatment for people with, or affected by, liver disease.
- Promote and gain recognition for the specialist skills and knowledge that nurses and allied health professionals bring to this specific area of practice.

In 2019, the AHA remains an organisation focused on promoting and supporting nurses caring for people with, or at risk of, liver disease. In recognition of the extraordinary growth and development occurring within the field of hepatology, the AHA acknowledges the expansion of the nursing workforce caring for people with, or at risk of, liver disease across the care continuum. Therefore, revision of the AHA Consensus-based Nursing Guidelines for the Care of Patients with Hepatitis B, Hepatitis C, Advanced Liver Disease and Hepatocellular Carcinoma (2012) ('the AHA Consensus-based Nursing Guidelines') reflects the evolving nursing workforce, beyond the tertiary hospital setting to include all aspects of primary health care including general practice, community health, alcohol and other drugs (AOD), sexual health and correctional health. As a result of this expanded workforce, there is a recognition of the ongoing need for the AHA to develop resources that guide and support nurses to practice evidence-based care.

Over the last decade, the AHA has been committed to benchmarking best practice through the development of resources to support individual practice and develop and sustain the hepatology nursing speciality. In 2010, the AHA embarked on the development of consensus-based nursing guidelines for hepatology nursing care in Australia, in response to member requests to define the Hepatology Nurse's scope of practice and the desire to operationalise the AHA Competency Standards for the Hepatology Nurse (2008). The AHA Consensus-based Nursing Guidelines (2012) were the first of their kind internationally to document the essence of hepatology nursing care in Australia using a consensus methodology.¹ In 2016, in response to the evolution of curative treatments for hepatitis C, the AHA once again led the world in developing and publishing the AHA Consensus Guidelines for the Provision of Adherence Support to Patients with Hepatitis C on Direct Acting Antivirals.²

REVIEW OF THE AHA CONSENSUS-BASED NURSING GUIDELINES

The review of the AHA Consensus-based Nursing Guidelines (2012) began in March 2018. A Project Consultant was employed to coordinate the review process. Working groups (WG) were convened for each disease area (hepatitis B, hepatitis C, advanced liver disease and hepatocellular carcinoma (HCC)) and consisted of AHA members who volunteered to participate. In order to ensure the WGs were representative of the target audience, additional members were purposively invited to join the WGs based on their primary work speciality and/or professional interest. The WGs focused on the development of Domain 1 – The Nurse's Role in Caring for People with, or at risk of, Hepatitis B, Hepatitis C, Advanced Liver Disease and HCC. Each WG was led by an experienced Hepatology Nurse and met regularly via teleconference to consider and document the current role of the nurse in caring for people with liver disease. Members of each WG provided expert advice regarding current research and guidelines underpinning contemporary nursing. Several iterations of feedback were provided by the WGs between June and December 2018, incorporated by the WG Chairs and then refined by the Project Consultant. Following this, Domain 1 was reviewed by nursing and medical experts in January 2019, for accuracy and relevance.

The Project Consultant worked closely with the WGs to edit and revise the Introduction and Domains 2 to 5. Clear feedback from the AHA membership indicated that AHA Consensus-based Nursing Guidelines could be written more concisely. Hence the revised version is intended to be lean and succinct in order to encourage implementation of the content into practice.

OVERVIEW OF THE AHA CONSENSUS-BASED NURSING GUIDELINES

The Domains include:

- Domain 1: The Nurse's Role in Caring for People with, or at risk of, Hepatitis B, Hepatitis C, Advanced Liver Disease and Hepatocellular Carcinoma.
- Domain 2: Interdisciplinary Coordination and Care.
- Domain 3: Non-discriminatory Practice.
- Domain 4: Professional Self-care and Development.
- Domain 5: Clinical and Community Leadership.

The introduction to the Guidelines and Domains 2 to 5 are shared between the hepatitis B, hepatitis C, advanced liver disease and HCC guidelines, and refer to the delivery of care to people with, or at risk, of liver disease. Domain 1 separately describes the role of the nurse in caring for people with, or at risk of, hepatitis B, hepatitis C, advanced liver disease and HCC. Although the disease areas are differentiated, the information is intended to be considered simultaneously.

GUIDING PRINCIPLES OF THE AHA CONSENSUS-BASED NURSING GUIDELINES

In order to practise in Australia, nurses must be registered with the Nursing and Midwifery Board of Australia (NMBA), and meet the NMBA's professional standards, including the code of conduct, standards for practice and code of ethics which define the practice and behaviour of nurses. There are five key principles underpinning the interpretation of the AHA Consensus-based Nursing Guidelines including:

- person-centred care
- non-discriminatory practice
- culturally competent nursing care
- working within own scope of practice
- collaboration and partnerships.

Nurses are encouraged to consider these principles in their individual practice.

PERSON-CENTRED CARE

Person-centred care places the individual in the middle of the delivery of care and involves health professionals responding respectfully to each person within their care, treating them as an individual, rather than as an illness or condition requiring management. Facilitating this approach, the dimensions of person-centred care include respect, physical comfort, emotional support, communication, information, continuity, transition, care coordination, access to care and involvement of family, significant others and carers.⁴ Person-centred care is a fundamental nursing concept, in which all nursing practice is grounded.

Nurses endorse the delivery of health care through a holistic, person-centred approach. As an advocate, the nurse develops a therapeutic relationship with the individual and actively partners with them in their care, respecting their values, beliefs and concerns. Fostering an environment that promotes and respects the individual's right to make informed decisions is a fundamental nursing role.⁵

NON-DISCRIMINATORY PRACTICE

The International Council of Nursing's Code of Ethics for Nurses (2012)⁵ and the NMBA Code of Conduct⁶ outline the framework for accountable, responsible and reflective nursing practice and represent the overarching code of ethical standards that the nursing profession subscribes to, both nationally and internationally. The AHA Practice Standards for the Hepatology Nurse (2014)⁷ emphasise the hepatology nursing profession's commitment to non-discriminatory practice, including respecting the beliefs, values, practices and dignity of individuals engaging in treatment and care. Adhering to the principles of privacy and confidentiality are essential standards of nursing care.⁵

Nurses must treat all those in their care with compassion, dignity, sensitivity and humanity and provide equal care to all.⁶ Particularly relevant to the hepatology context is the belief that people with blood-borne viruses, such as hepatitis B and hepatitis C, are entitled to the same care and access to health services as any other individual. Valuing diversity within the community is important and the Nurse has a role in ensuring that individuals are not denied the right to health care.⁶

CULTURALLY COMPETENT NURSING CARE

The influence of culture is pivotal to the individual or a community's understanding of health and access to, and engagement with, health services. Culture encompasses an individual's beliefs, values, behaviours and upbringing.⁸ An individual's culture is not the only variable impacting on their health; the culture of those caring for the individual, the service in which care is delivered and the broader culture of the health system also impacts on health outcomes.

Culturally competent care involves a set of congruent behaviours, values, attitudes and policies held collectively by a service or group of professionals that effectively and appropriately facilitates the provision of cross-cultural care.⁹ Culturally competent care also includes the organisational factors, systems and processes in which nurses practise.⁸ Ensuring that individuals, the health service and the associated model of health care delivery are sensitive to the beliefs, values and practices of everyone is vital.

To deliver culturally competent nursing care, nurses must be aware of their own cultural values, beliefs and practices and reflect on how these could impact on interactions with those in their care. Through reflection and recognition of one's own culture, nurses develop an awareness, sensitivity and respect for different cultural constructs, which are integral to culturally competent nursing care.⁶ This promotes the understanding that there is a complex interaction between the culture of the individual and the culture of the nurse, as well as the culture of the nursing profession, and the institutional and organisational contexts in which nurses practise. Communication is also a product of our culture. Recognising the impact of one's own culture, and the culture of others, on health beliefs, negotiation and communication is integral to the provision of person-centred care.

WORKING WITHIN OWN SCOPE OF PRACTICE

Nurses in Australia must practice in accordance with standards established through legislation, common law and the relevant professional standards and frameworks. Underpinning the principles of nursing practice, is the acknowledgement that nurses need to have an understanding of their individual scope of practice.¹⁰ Consideration of own scope of practice is integral to the interpretation and implementation of the AHA Consensus-based Nursing Guidelines. In reality, the actual scope of an individual nurse's practice is influenced by the context in which they work, the community's health needs, the level of competence, education and qualifications of the individual nurse and the service provider's policies.¹¹ The International Council of Nursing (ICN) suggests that the scope of nursing practice is not limited to specific tasks, functions or responsibilities but includes direct care giving and evaluation of its impact, and advocating for people and for health.¹² Therefore, in defining the scope of practice, individual nurses need to consider all of the activities they achieve in the course of their practice.

Nursing is constantly evolving in response to the needs of people with, or at risk of, liver disease, advances in nursing and medical knowledge and health care system reform. Nurses have a responsibility to continually incorporate new knowledge and skills into clinical practice, and to maintain the competencies that are specific to caring for people with, or at risk of, liver disease. As the nursing role evolves, the nurse's scope of practice must be dynamic and flexible to respond appropriately to the changing environment.

Decisions about both the individual's and the specialty's scope of practice can be guided by the use of decision-making tools. The NMBA National Decision-Making Framework¹⁰ supports and encourages nurses to expand their scope of practice by incorporating new developments into their practice in a planned and structured manner.

COLLABORATION AND PARTNERSHIPS

The AHA Consensus-based Nursing Guidelines have a strong emphasis on the collaborative nature of nursing practice. This is guided by the AHA Practice Standards for the Hepatology Nurse (2014),⁷ which acknowledges the importance of the nurse's role within the interdisciplinary team and reflects the collaboration and interaction with other health professionals in providing holistic care to people with, or affected by, liver disease. In the field of hepatology, the nurse may be the primary contact for the individual throughout their interaction with the health system, providing continuity of care and acting as an advocate when needed. Both nationally and internationally, the fundamental principles of nursing practice also widely acknowledge the role of the 'patient', their significant other(s) and carer(s) in decisions about care, recognising the capacity for those accessing health care to be informed and have an active role in their health care.^{6,12}

Effective communication between health professionals themselves and between health professionals and individuals they care for is necessary to establish and sustain collaborative relationships. Nurses need to employ a variety of communication methods to facilitate nursing care across the many specialities involved in hepatology, always ensuring respect for the privacy of those accessing care and the appropriate documentation of nursing practice.⁶

HOW TO USE THE AHA CONSENSUS-BASED NURSING GUIDELINES

The AHA Consensus-based Nursing Guidelines have been designed to guide the development of practice-related tools such as nursing care plans. At a local level, the Guidelines could be used to inform the development of policies and procedures for individual clinics and services. From a broader perspective, the Guidelines could also be used to inform the development of educational activities and guide nurses to identify their professional development needs.

Although the AHA Consensus-based Nursing Guidelines are designed to guide individual nursing practice, it is important to consider the context of the organisation in which the individual works. The literature acknowledges that although nursing practice is the responsibility of the individual nurse, the organisation also has responsibilities, which cannot be disregarded when developing principles for nursing care. The culture of the organisation in which the nurse works must be open to changes in clinical practice to foster an environment in which nurses feel empowered to instigate changes to reflect the evolution of evidence-based care, or where evidence is lacking, the evolution of thinking documented in consensus-based guidelines.

The settings in which nurses care for people with hepatitis B, hepatitis C, advanced liver disease and HCC are diverse, and it is unrealistic to summarise the expected responsibilities of the nurse in each of these settings. Therefore, nurses must consider the AHA Consensus-based Nursing Guidelines from the perspective of their own setting and organisational culture.

The AHA Consensus-based Nursing Guidelines have been developed to be considered as a whole document. It is recommended that Domain 1 for each of the four disease areas are reviewed simultaneously because they are inter-related. Domains 2 to 5 are shared between the four disease areas.

TARGET AUDIENCE FOR THE AHA CONSENSUS-BASED NURSING GUIDELINES

The AHA Consensus-based Nursing Guidelines are designed for nurses caring for people with hepatitis B and associated liver disease, hepatitis C and associated liver disease, advanced liver disease of varying aetiology, and HCC and associated liver disease. This includes, but is not limited to, nurses who care for people with, or affected by, liver disease within a range of health settings including:

- tertiary hospitals including gastroenterology/hepatology, infectious diseases, liver transplant, oncology, paediatrics and medical imaging departments
- community health services
- general practice/primary care settings
- alcohol and other drugs services
- sexual health clinics
- mental health services
- Aboriginal and Torres Strait Islander health services
- multicultural health services
- refugee health services
- immunology and haemophilia services
- antenatal services
- rural and remote services
- correctional health settings.

The AHA Consensus-based Nursing Guidelines may also be a useful resource for nurses and Nurse Practitioners working in other related specialties, other areas of nursing practice and settings, national nursing and midwifery organisations, allied health professionals, government and non-government organisations, hepatitis organisations, educational institutions and affiliated peer organisations.

THE ROLE OF NURSE PRACTITIONERS IN CARING FOR PEOPLE WITH, OR AT RISK OF, LIVER DISEASE

The AHA Consensus-based Nursing Guidelines have been developed for a general nursing audience which includes the role of Nurse Practitioners in caring for people with, or affected by, liver disease. Specifically the role of the Nurse Practitioner could include:

- Performing advanced health assessments for people with, or at risk of, liver disease
- Initiating and interpreting diagnostic investigations such as pathology and diagnostic imaging including blood tests, ultrasound scans or others as appropriate
- Diagnosing liver disease and/or complications
- Implementing pharmacological and non-pharmacological therapeutic interventions for people with liver disease
- Initiating and receiving appropriate referrals to and from members of the interdisciplinary team regarding people with liver disease.

The AHA is supportive of Nurse Practitioners from non-hepatology specialities expanding their scope of practice to include caring for people with, or at risk of, liver disease, particularly in the context of hepatitis C.

REVIEW OF THE AHA CONSENSUS-BASED NURSING GUIDELINES

The AHA intends to review the AHA Consensus-based Nursing Guidelines as required, to incorporate the emergence of evidence, clinical developments and to reflect the evolution of nursing practice in the care of people with liver disease. The extent of a review in the future and the procedure used to update the Guidelines will depend on the resources available at the time.

DEFINITIONS RELEVANT TO THE AHA CONSENSUS-BASED NURSING GUIDELINES

MULTIDISCIPLINARY TEAM VS. INTERDISCIPLINARY TEAM

There is a trend in the literature to replace the traditional terminology of *multidisciplinary team* with *interdisciplinary team*.

The *multidisciplinary team* is defined as a collaboration of individuals from differing disciplines assessing the individual, often through separate consultations, from the perspective of their own discipline and experience. Often the *multidisciplinary team* will meet as a group, without the individual receiving care, to discuss each team member's assessment and recommended management and treatment.

The *interdisciplinary team* incorporates different disciplines into a single assessment of, and consultation with, the individual. This approach is more holistic than the traditional *multidisciplinary team* arrangements as the individual is involved in discussions and decisions regarding their condition, care, management and treatment. *Interdisciplinary teams* allow team members to question each discipline's approach and explore alternative approaches as a group.

In line with the literature and the move towards empowering individuals to be involved in their care, the collaboration of health professionals caring for people with, or affected by, hepatitis B, hepatitis C, advanced liver disease or HCC is referred to as an *interdisciplinary team* throughout the AHA Consensus-based Nursing Guidelines. Where specific reference is given to the team of doctors, nurses and allied health professionals caring for people with HCC, the team is referred to as a *multidisciplinary team*, consistent with the current terminology used in clinical practice.

PEOPLE WITH, OR AT RISK OF, LIVER DISEASE

Throughout the AHA Consensus-based Nursing Guidelines reference is made to delivering care to people with, or at risk of, liver disease. This term encompasses people with, or at risk of, hepatitis B, people with, or at risk of, hepatitis C, people with, or at risk of advanced liver disease and people with, or at risk of, HCC. This terminology recognises the importance of identifying risk factors for the development of liver disease and the contribution of nurses to health promotion and prevention of liver disease throughout the health care system in Australia.

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DOMAIN 1

THE NURSE'S ROLE IN CARING FOR PEOPLE WITH, OR AT RISK OF, HEPATITIS B

ALL NURSES HAVE A ROLE AND RESPONSIBILITY TO IDENTIFY PEOPLE WITH, OR AT RISK OF, HEPATITIS B and to provide culturally appropriate, person-centred testing, education and monitoring-related care.

» IDENTIFY PEOPLE AT RISK^{1,2}

Considering hepatitis B virus is transmitted through contact with infected blood and body fluids, identify priority populations including:

- Children born to mothers in high prevalence countries or where hepatitis B vaccination is inaccessible
- People migrating from a country of high prevalence and/or where hepatitis B vaccine is inaccessible
- Aboriginal and Torres Strait Islander people
- Unsafe sexual contact
- People who inject drugs
- People who are not vaccinated or received incomplete vaccination
- People living with a person with hepatitis B
- Children born to women with hepatitis B.

ADDITIONAL RESOURCES

Australasian Hepatology Association (AHA)
www.hepatologyassociation.com.au

Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM)
www.ashm.org.au

Commonwealth of Australia. Third National Hepatitis B Strategy 2018-2022. 2018. Canberra: Commonwealth of Australia.

Hepatitis Australia
www.hepatitisaustralia.com

HepBHelp
www.hepbhelp.org.au

» TEST PEOPLE AT RISK^{1,3,4}

Increase opportunities for priority populations to access testing by:

- Engaging affected communities in designing and implementing testing strategies
- Offering flexible and person-centred testing in community settings.

Testing:

- Does the individual need an interpreter?
- Does the individual understand that hepatitis B is a notifiable disease?
- Refer to the Testing Policy regarding gaining informed consent
- Does the individual understand the information that has been provided?

After test:

- Refer to the Testing Policy for guidance on conveying a test result
- Recommend vaccination for unvaccinated, susceptible people
- Discuss safe injecting practices, safe sex and blood awareness as ways to prevent hepatitis B transmission.

» ADVOCATE

- Empower the individual by coaching and supporting their self-management strategies
- Identify any barriers to accessing and receiving care and facilitate flexible approaches to care delivery, including collaborative models between primary and hospital care
- Refer and/or initiate case discussion with paediatric hepatologist for children with, or at risk of, hepatitis B.

» ASSESS⁵

Identify and document the following, to inform the nursing management plan:

- Individual's ability to navigate the health system
- Individual's medical and social history, including diagnosis date, monitoring and treatment history
- Family history of hepatitis B and hepatocellular carcinoma (HCC)
- Physical assessment for liver disease including fibrosis assessment
- Risk of co-infection with HIV, hepatitis C and hepatitis delta
- Risk of hepatitis A infection and vaccinate if susceptible
- Concurrent medications, including prescribed and traditional medicine
- Comorbidities, such as diabetes
- Alcohol and other drug use.



» MONITORING-RELATED NURSING CARE

Encourage and support adherence to ongoing monitoring:

- Assess and address adherence to life-long hepatitis B monitoring and HCC surveillance
- Assess and address adherence to antiviral treatment during the antenatal and postnatal periods, and following cessation of antiviral treatment
- Educate about the risk of hepatitis B reactivation in the setting of immunosuppression
- Explore options for shared management with nurse-led or General Practitioner (GP) care and implement the best model.

» TREATMENT-RELATED CARE^{6,7}

The nurse has an important role in providing treatment-related care, including:

- Monitoring associated with life-long antiviral treatment
- Monitoring adherence
- Management of potential side effects.

» SUPPORT ADHERENCE^{8,9}

Explore potential competing priorities and establish systems to promote complete adherence to antiviral treatment by:

- Acknowledging potential for treatment fatigue for long term antiviral treatment
- Understand and discuss potential barriers for maintaining complete adherence
- Addressing barriers to accessing repeat prescriptions of antiviral treatment.

» SUPPORT HCC SURVEILLANCE¹⁰⁻¹²

Identify individuals at risk of HCC and enrol in surveillance.

Priority groups include:

- Aboriginal and Torres Strait Islander people with chronic hepatitis B (CHB) over the age of 50 years
- Asian males with CHB over the age of 40 years
- Asian females with CHB over the age of 50 years
- African males and females with CHB over the age of 20 years
- People with CHB-related cirrhosis (irrespective of age)
- People with CHB and family history of HCC.

Support adherence to surveillance:

- Support individual to understand and self-manage adherence to the HCC surveillance plan
- Implement a recall system to support the individual to participate in regular HCC surveillance.

* If your patient has another cause of liver disease please refer to the HCC Guidelines to determine surveillance criteria.^{8,9}

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DOMAIN 1

THE NURSE'S ROLE IN CARING FOR PEOPLE WITH, OR AT RISK OF, HEPATITIS C

HEPATITIS C IS A COMMON CAUSE OF LIVER DISEASE IN AUSTRALIA and can progress to cirrhosis, liver failure and liver cancer. It is easily curable with a short course of highly effective oral medication. Australia aims to eliminate hepatitis C by 2030. All nurses have a key role in identifying people with, or at risk of, hepatitis C, and ensuring they can easily access testing, treatment and care.

Please consider this document along with the 'Australian recommendations for the management of hepatitis C virus infection: a consensus statement (September 2018)'.¹

ADDITIONAL RESOURCES

Australasian Hepatology Association (AHA)
www.hepatologyassociation.com.au

Australian Injecting and Illicit Drug Users League (AIVL) www.aivl.org.au

Commonwealth of Australia. Fifth National Hepatitis C Strategy 2018-2022. 2018. Canberra: Commonwealth of Australia.

Hepatitis Australia
www.hepatitisaustralia.com

The Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM)
www.ashm.org.au

St. Vincent's Hospital Melbourne (SVHM). Hepatitis C – Good News About Treatment. 2018. Melbourne: SVHM. Available at: <https://www.svhm.org.au/health-professionals/specialist-clinics/g/gastroenterology/resources>

» IDENTIFY PEOPLE AT RISK ^{4,5}

Assess past or present risk factors for hepatitis C infection, including:

- History of, or current, injecting drug use
- History of incarceration
- Being born in a high prevalence area, e.g. China, Pakistan, India, Egypt and Russia
- Aboriginal and Torres Strait Islander populations
- Unsterile tattooing and/or skin piercings
- Unsterile medical and/or dental procedures
- Recipient of organs, tissues, blood or blood products before February 1990 in Australia, or before mandatory screening in other countries
- Sexual partners of people with hepatitis C
- Children born to mothers with hepatitis C
- Sex workers.

» TEST PEOPLE AT RISK ⁴⁻⁶

Before test:

- Does the patient need an interpreter?
- Does the patient understand that hepatitis C is a notifiable disease?
- Refer to the testing policy regarding gaining informed consent.
- Does the patient understand the information that has been provided?

Increase opportunities for priority populations to access testing by:

- Engaging affected communities in designing and implementing testing strategies.
- Offering testing in community settings that is flexible and person-centred.

After test:

- Refer to the testing policy for guidance regarding conveying the test result.
- Discuss safe injecting practices and blood awareness to prevent hepatitis C transmission.
- If ongoing risk factors are present, recommend annual re-testing to assess for reinfection post cure.

» PREVENT HEPATITIS C INFECTION ^{2,3}

Use all opportunities to promote and facilitate harm minimisation strategies aimed at preventing hepatitis C transmission and re-infection.

» ASSESS

Identify and document the following, to inform the nursing management plan:

- Individual's history - diagnosis date, monitoring and treatment history
- Risk of re-infection
- Physical assessment for liver disease including fibrosis assessment
- Risk of co-infection with HIV and/or hepatitis A and/or B and recommend vaccination if indicated
- Concurrent medications and contraception.



» TREATMENT-RELATED CARE ¹

The nurse has an important role in providing treatment-related care including:

- Establishing the individual's preferred treatment pathway.
- Providing support to connect the individual with a treatment pathway.
- Identifying and addressing individual or system barriers preventing individuals from commencing treatment and facilitating flexible approaches to care delivery working with:
 - A case worker or social worker
 - A collaborative model between primary and tertiary care
 - Alternate models of care.
- Establishing the individual's understanding of their treatment plan.
- Providing information about their treatment – administration, side effects, drug-drug interactions.
- Providing logistical support to ensure reliable access to medications (e.g. liaison with Pharmacist).
- Monitoring the individual's progress through treatment.
- Providing reminders and support for post-treatment follow up (e.g. confirm treatment success and/or ongoing cirrhosis monitoring).

» EDUCATE

Assess the individual's knowledge of hepatitis C and its management and:

- Consider their cultural understanding and experience of hepatitis C-related stigma
- Assess support network
- Provide education about transmission and prevention, disease progression, treatment, and monitoring requirements
- Support identification of disease progression prevention strategies (e.g. alcohol reduction, weight loss).

» POST-CURE RELATED MONITORING AND HEPATOCELLULAR CARCINOMA (HCC) SURVEILLANCE ^{1,8,9}

In the post-cure setting, patients with advanced fibrosis/cirrhosis and/or ongoing risk factors for re-infection should be supported to implement a long-term cirrhosis monitoring and management plan.

Identify patients with hepatitis C-related cirrhosis (irrespective of age), at risk of HCC, and enrol in surveillance:

- Support patients to understand and adhere to the HCC surveillance plan.
- Implement a recall system to support the patient to participate in regular HCC surveillance.

* If your patient has another cause of liver disease please refer to the HCC Guidelines to determine surveillance criteria.^{8,9}

» SUPPORT ADHERENCE ⁷

Explore competing priorities and establish systems to promote complete adherence to treatment by:

- Supporting the establishment of treatment plans that will optimise adherence, for example, supervised dosing arrangements and dosing reminders.
- Providing on-treatment support as documented in the individual plan for care and follow up.
- Providing support to prevent treatment interruptions.

» ADVOCATE

- Assess individual's ability to negotiate the health system and provide support.
- Educate about self-management strategies to empower the patient.

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DOMAIN 1

THE NURSE'S ROLE IN CARING FOR PEOPLE WITH, OR AT RISK OF, ADVANCED LIVER DISEASE

NURSES HAVE A ROLE IN IDENTIFYING PEOPLE WITH, OR AT RISK OF, ADVANCED LIVER DISEASE,

and providing culturally appropriate, person-centred education and care that is relevant to the individual's diagnosis and severity of disease, and considers their health literacy and cognition.

Nurses are a vital part of the interdisciplinary team that includes hepatologists, general practitioners and other health workers.

ADDITIONAL RESOURCES

Australasian Hepatology Association (AHA)
www.hepatologyassociation.com.au

Australasian Society for HIV, Viral Hepatitis and Sexually Health Medicine (ASHM). Decision Making in Viral Hepatitis Related Advanced Liver Disease. 2016. Sydney: ASHM. Available at: www.ashm.org.au/products/product/978-1-920773-41-0. Accessed December 2018.

» IDENTIFY PEOPLE AT RISK

Assess for risks of advanced liver disease, including:

- Chronic hepatitis, from viral and non-viral aetiologies
- Hazardous alcohol consumption
- Obesity and type 2 diabetes
- Genetic conditions, e.g. Haemochromatosis.

» TEST PEOPLE AT RISK

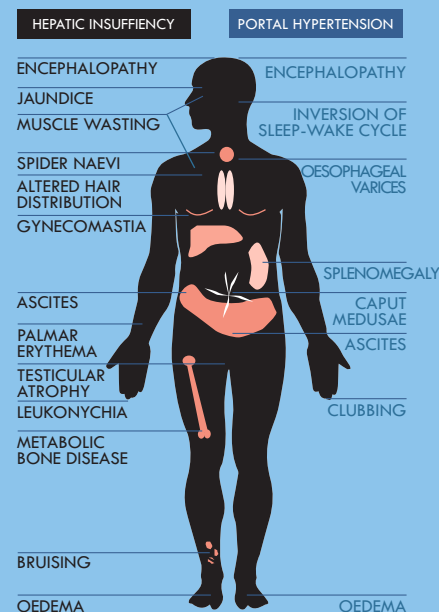
All individuals with chronic hepatitis should be tested for advanced liver disease through:

- Physical examination
- Laboratory testing
- Imaging
- Non-invasive markers of fibrosis including transient elastography, APRI, ELF, Hepascore.

» ASSESS¹

Identify and document the following, to inform the nursing management plan:

- Individual's medical and social history, e.g. diagnosis date, monitoring and treatment history
- Symptoms and signs of advanced liver disease (see diagram)
- Laboratory findings: reversal of AST/ALT ratio, low albumin, high INR and bilirubin, low platelets
- Radiological imaging: ultrasound, CT, MRI
- Assess for varices in individuals with low platelets ($<110 \times 10^9$) and/or median liver stiffness > 25 kPa.



» ADVOCATE²

- Assess the individual's ability to negotiate the health system.
- Empower the individual through coaching and self-management strategies.
- Identify barriers to accessing and receiving care and facilitate flexible approaches to care delivery, including collaborative models between primary and hospital care.

» SUPPORT ADHERENCE³⁻⁶

Explore potential competing priorities and establish systems to promote complete adherence to prescribed treatment by:

- Acknowledging potential for treatment fatigue with long term medication use
- Understand and discuss potential barriers for maintaining complete adherence
- Address barriers to accessing treatment.

» SUPPORT HEPATOCELLULAR CARCINOMA (HCC) SURVEILLANCE^{3,7}

- Identify individuals at risk of HCC and enrol in surveillance. Support individuals to understand and self-manage adherence to the HCC surveillance plan
- Implement a recall system to support the individual to participate in regular HCC surveillance.

» EDUCATE ^{2,9,11}

Assess the individual's knowledge of advanced liver disease and its management, specifically:

- Consider the individual's cultural understanding and stigma of liver disease
- Assess coping mechanisms and refer to relevant support
- Provide education about natural history of *advanced liver disease, symptoms and signs of worsening liver disease, nutritional status and dietary changes, behavioural changes including elimination of alcohol and other drug use, including tobacco, and liver transplantation.*
- Identify strategies to prevent liver disease progression
- Highlight the importance of ongoing monitoring, including HCC surveillance
- Recommend vaccinations for the patient and carer(s)
- Surgical risks and pain management strategies.

» TREATMENT-RELATED CARE ¹²⁻¹⁹

The nurse has an important role in providing treatment-related care, including:

- Managing portal hypertension:
 - Explain benefits and side effects of beta blocker use and regularly monitor blood pressure/pulse to ensure optimum dose
 - Educate on symptoms of a variceal bleed and the need for regular variceal screening and treatment.
- Managing ascites:
 - Promote self-management including regular measurement of weight and observation of increased peripheral oedema
 - Explain benefits and side effects of salt restriction and diuretic use
 - Organise and support the individual's admission for large volume paracentesis, as required.
- Managing Hepatic Encephalopathy (HE):
 - Promote self-management of HE including monitoring bowel movements, sleep-wake cycle, cognitive state and medication use
 - Support adherence to Lactulose, explaining benefits and side effects
 - Support adherence to Rifaximin, when prescribed.
- Nutritional stabilisation:
 - Monitor for bone density loss by supporting the use of DEXA scan, nutritional assessment and frailty measures
 - Adhere to principles of nutritional management, including supplements.
- Managing bone density loss:
 - Advocate for and support access to bisphosphonate treatment, as required
 - Support referral to endocrinology, as required.
- Monitor for deterioration of health:
 - Observe for signs of sepsis or infection
 - Support the individual and carer(s) to adhere to the monitoring and surveillance plan for early detection of hyponatremia, acute kidney injury and HCC
 - Provide individual and carer(s) with phone support to manage symptoms, navigate appointments and health concerns
 - Involve the interdisciplinary team to assist the individual and carer(s) with social isolation, financial/work/ housing issues, emotional and mental health support
 - Discuss end of life care, including advanced care planning and palliative care referral.



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» MONITORING-RELATED CARE ^{7,8,12-16}

- Encourage and support adherence to ongoing monitoring, including screening and surveillance activities and attending medical appointments, specifically addressing the following: HCC surveillance, variceal screening, osteoporosis screening, HE, ascites, portal hypertension.
- Optimise health and prevent liver decompensation by completing a health action plan, including plan for acute deterioration and precipitants leading to decompensation.
- Establish collaborative, flexible models of care to support individuals requiring long term care, e.g. support GPs to deliver nutritional care, and ordering of prescriptions and diagnostics.

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To view the AHA Consensus-based Guidelines for the Nursing Care of People with Liver Disease please go to: www.hepatologyassociation.com.au

DOMAIN 1

THE NURSE'S ROLE IN CARING FOR PEOPLE WITH, OR AT RISK OF, HCC



NURSES HAVE A ROLE IN IDENTIFYING PEOPLE WITH, OR AT RISK OF, HEPATOCELLULAR CARCINOMA (HCC) and providing culturally appropriate, person-centred education and care.

» IDENTIFY PEOPLE AT RISK^{1,2}

Identify individuals at risk of HCC and enrol in surveillance. Priority groups include:

- Aboriginal and Torres Strait Islander people with chronic hepatitis B (CHB) over the age of 50 years
- Asian males with CHB over the age of 40 years
- Asian females with CHB over the age of 50 years
- African males and females with CHB over the age of 20 years
- People with CHB-related cirrhosis (irrespective of age)
- People with CHB and family history of HCC
- People with cirrhosis of any cause including alcohol-related, haemochromatosis, non-alcoholic steatohepatitis (NASH), Wilson's disease, autoimmune hepatitis, primary biliary cirrhosis (PBC), primary sclerosing cholangitis (PSC) or alpha-1-antitrypsin deficiency.

ADDITIONAL RESOURCES

Australasian Hepatology Association (AHA)
- www.hepatologyassociation.com.au
Cancer Council - www.cancer.org.au

» ASSESS⁴

Identify and document the following, to inform the nursing management plan:

- Individual's medical and social history, including diagnosis date, monitoring and treatment history
- Individual's understanding of the causes, signs and symptoms of HCC development and progression
- Physical assessment for liver disease
- Laboratory findings: raised AFP
- Radiological imaging: ultrasound, Computed Tomography (CT), Magnetic Resonance Imaging (MRI).

» TEST PEOPLE AT RISK¹⁻³

Support adherence to the HCC surveillance recommendations for individuals with Child-Pugh grade A or B cirrhosis:

- Six monthly liver ultrasound, with or without alpha fetoprotein (AFP).

» EDUCATE

Assess the individual's knowledge of HCC and its management, and:

- Provide education about the importance of HCC surveillance and the consequences of non-adherence to surveillance
- Consider the cultural understanding of HCC
- Assess support network and coping mechanisms
- Provide education about possible diagnostic and assessment interventions
- Discuss strategies to prevent liver disease progression
- Ensure the individual understands when and how to seek medical and/or nursing assistance.



» ADVOCATE

- Assess the individual's ability to negotiate the health system and provide support.
- Empower the individual by identifying self-care resources and support systems, and promote the individual's health literacy, self-care and negotiation of the health care system.
- Identify individual barriers to accessing and receiving care and facilitate flexible approaches to care delivery working with:
 - a case worker or social worker
 - a collaborative model between primary and hospital care
 - alternate models of care
 - advanced care planning and palliative care.

» MONITORING-RELATED CARE

- Develop and implement individualised care plans for surveillance and/or treatment regimen.
 - Monitor adherence to surveillance and/or treatment regimen.
- Refer to the AHA Consensus-based Guideline - Nurse's role in caring for people with, or at risk of, advanced liver disease.

» TREATMENT-RELATED CARE

- Coordinate care with the multidisciplinary team (MDT).
- Support the individual to understand that treatment may be curative, conservative (non-curative) or for symptom relief (palliative).
- Advise about side effect management and pain management.
- Monitor the side effects, frequency and dose adjustments of oral treatment regimens.
- Refer individual to a dietitian, social worker, psychologist or other support services, as required.

» SUPPORT ADHERENCE

- Explore potential competing priorities and establish systems to promote complete adherence to prescribed treatment.
- Advise and support the individual in side effect prevention and self-care strategies.

REFERENCES

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DOMAIN 2: INTERDISCIPLINARY COORDINATION AND CARE FOR PEOPLE WITH LIVER DISEASE

Domain 2 incorporates five consensus guidelines that reflect the ability of the nurse to facilitate, coordinate and evaluate interdisciplinary care for people with, or at risk of, liver disease as they seek to achieve optimal health outcomes.

CONSENSUS GUIDELINE 2.1: INFORM THE INDIVIDUAL ABOUT RELEVANT PROFESSIONAL SUPPORTS IN RELATION TO THE IMPLEMENTATION OF THEIR LIVER DISEASE MANAGEMENT PLAN

- Explain the role of each member of the interdisciplinary team to the person, in terms of professional responsibilities and areas of expertise regarding the delivery of care to people with, or at risk of, liver disease.
- Provide the individual with the contact details of the most relevant members of the interdisciplinary team and facilitate contact as required.
- Explain the communication pathways between members of the interdisciplinary team.

CONSENSUS GUIDELINE 2.2: FACILITATE CARE COORDINATION FOR THE INDIVIDUAL WITH LIVER DISEASE

- Establish communication pathways between relevant members of the interdisciplinary team, both in the hospital and primary care setting.
- Coordinate and manage the individual's treatment and management plan as developed by the interdisciplinary team.
- Monitor the individual's symptoms and identify signs of deterioration, communicate findings to the interdisciplinary team and implement changes to planned care or interventions within scope of practice.
- Enlist the support of a community case manager, if required and available.

CONSENSUS GUIDELINE 2.3: ACTIVELY INVOLVE THE INDIVIDUAL'S GP AND/OR REFERRING PRACTITIONER IN THE DEVELOPMENT AND IMPLEMENTATION OF THE MANAGEMENT PLAN

- Establish a communication pathway with the individual's GP/referring practitioner and other members of the interdisciplinary team, as required.
- Discuss the option of managing individuals with liver disease through a shared care arrangement between specialist physicians, Nurse Practitioners and GPs/referring practitioners and assess their willingness to participate.
- In collaboration with the medical specialist and GP/referring practitioner, coordinate and manage the individual's ongoing care including:
 - liver disease monitoring plan
 - hepatocellular carcinoma surveillance plan
 - treatment-related monitoring requirements
 - emotional and social support.
- In collaboration with the GP/referring practitioner, plan, communicate and monitor the individual's progress during the implementation of the management and treatment plan including:
 - Adherence to the liver disease monitoring/surveillance plan.

- Pharmaceutical treatment plan including details about the:
 - ~ prescribed medication, potential side effects and potential drug-drug interactions
 - ~ required monitoring tests and their frequency
 - ~ parameters for contacting the specialist service if concerned about the patient's health.
- Hepatitis B management plan
- Hepatitis C management plan
- Advanced liver disease management plan
- Hepatocellular carcinoma surveillance and/or management plan
- Educate GPs/referring practitioners to identify and diagnose people at risk of hepatitis B, hepatitis C, advanced liver disease and HCC:
 - ~ Encourage primary care practitioners to test the individual's close contacts for viral hepatitis, and/or vaccinate against hepatitis B, if needed and appropriate.

CONSENSUS GUIDELINE 2.4: FACILITATE REFERRAL TO MEMBERS OF THE INTERDISCIPLINARY TEAM AND ALLIED HEALTH SERVICES

- Refer individuals with liver disease to allied health support services, as required, including:
 - AOD services
 - community health nurses
 - dentists
 - dietitians
 - medical specialists
 - multicultural workers for social and cultural support
 - Nurse Practitioners
 - palliative care
 - pharmacists – community and hospital-based
 - physiotherapists
 - podiatrists
 - psychologists
 - psychiatrists
 - settlement workers for people with a refugee background
 - sexual health services
 - social workers
 - other health services, as required.

CONSENSUS GUIDELINE 2.5: LIAISE WITH, AND SUPPORT, HEALTH PROFESSIONALS WORKING WITH PEOPLE WITH LIVER DISEASE WHO HAVE ADDITIONAL NEEDS

- Liaise with health professionals who care for individuals with liver disease who have additional needs, including pregnant women, people co-infected with hepatitis B and/or hepatitis C and/or hepatitis Delta and/or HIV, children, people with renal and liver disease and/or prisoners with liver disease about:
 - appropriate referral to the specialist clinic, as required
 - management and treatment options
 - developing shared care protocols.
- Encourage and participate in interdisciplinary communication including case management services.

DOMAIN 3:

NON-DISCRIMINATORY PRACTICE

Domain 3 comprises of four consensus guidelines that reflect the non-discriminatory practice of nurses, and their respect for the choices of people with, or at risk of, liver disease with regard to alcohol and drug use, sexual orientation, religious and cultural beliefs, social circumstances and physical and mental health.

CONSENSUS GUIDELINE 3.1: PROMOTE CONFIDENTIALITY FOR PEOPLE WITH, OR AT RISK OF, LIVER DISEASE

- Discuss the individual's right to confidentiality of their personal information in the healthcare setting.
 - Seek to understand the meaning of confidentiality from the individual's perspective.

CONSENSUS GUIDELINE 3.2: FACILITATE APPROPRIATE DISCLOSURE FOR PEOPLE WITH LIVER DISEASE

- Enable the individual to be aware of their diagnosis and make informed choices about disclosure.
- Empower and support the individual to decide to whom, and at what time, they disclose their liver disease diagnosis.
- Advise the individual when they are not required to disclose their liver disease diagnosis.
- Facilitate appropriate disclosure by advising the individual that they are legally required to disclose their hepatitis B or hepatitis C status in the following circumstances:
 - Blood, blood products and organ donation; applying for life and health insurance; applying for military services; healthcare workers performing exposure prone procedures.^{1,2}

CONSENSUS GUIDELINE 3.3: DISCOURAGE DISCRIMINATORY BEHAVIOUR TOWARDS PEOPLE WITH, OR AT RISK OF, LIVER DISEASE

- Respectfully challenge discriminatory attitudes towards people with, or at risk of, liver disease.
- Educate and support health professionals to provide non-discriminatory care for people with, or at risk of, liver disease.
- Provide support, information and appropriate referrals to complaints services for people who have experienced discrimination.
- Advocate for the individual's equity of access to treatment and management regardless of the aetiology of their liver disease and lifestyle choices.

CONSENSUS GUIDELINE 3.4: PROVIDE CULTURALLY APPROPRIATE NURSING CARE FOR PEOPLE WITH, OR AT RISK OF, LIVER DISEASE

- Seek support from specialist services in the delivery of culturally appropriate nursing care, for example, multicultural services, Aboriginal and Torres Strait Islander services and/or alcohol and drug services.
- Be aware of the various health belief models and cultural differences and their impact on the individual's health behaviour.
- Develop an awareness of own cultural beliefs and attitudes and consider how these affect the delivery of nursing care.
- Advocate for the delivery of culturally appropriate and sensitive healthcare.
- Assist people with, or at risk of, liver disease to navigate the healthcare system, acknowledging that some individuals are likely to encounter additional barriers in understanding their diagnosis and management because:
 - They experience significant isolation as a result of low English language proficiency.
 - They have low health literacy.
 - They come from a low socioeconomic background.
 - They are experiencing unstable housing.
 - They have conflicting priorities such as legal matters.
 - Their culture may influence the role of their family in the care of the individual with liver disease, for example, significant other(s)/carer(s) not wanting the person to be informed of their liver disease diagnosis.

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DOMAIN 4: PROFESSIONAL SELF-CARE AND DEVELOPMENT

Domain 4 incorporates four consensus guidelines that reflect the nurse's ability to adapt to the changing clinical environment through involvement in professional development activities and reflective practice. Underpinning Domain 4 are the principles and elements contained in the Nursing and Midwifery Board of Australia's (NMBA) *Registered nurse standards for practice*,¹ the *Code of conduct for nurses*,² the *Nursing practice decision flowchart*,³ *Supervision guidelines for nursing and midwifery*,⁴ and *Guidelines for mandatory notifications*.⁵

CONSENSUS GUIDELINE 4.1: IDENTIFY AND DEFINE THE INDIVIDUAL NURSE'S SCOPE OF PRACTICE IN CARING FOR PEOPLE WITH, OR AT RISK OF, LIVER DISEASE

To assist nurses to identify their individual scope of practice and the scope of practice of the speciality, the following questions are presented for consideration:

- What is the profile of people with, or at risk of, liver disease that the nurse cares for? What could the nurse be doing to improve the health outcomes for these people?
- What education and professional development activities has the nurse completed regarding caring for people with, or at risk of, liver disease?
- What is the previous experience of the nurse?
- What additional education does the nurse need to provide the required standard of nursing care to people with, or at risk of, liver disease?
- Is the scope of practice used by nurses in other settings?
- What is the nurse's legal position? For example, do Australian and/or State/Territory Government legislation and regulations permit nurses to deliver the care being considered as part of the nurse's scope of practice?
- Are there policies and procedures in place to support the nurse providing this care?
- How will competency assessment take place given the nurse's current scope of practice and if the nurse is expanding their scope of practice?^{3,6}

The scope of nursing practice is an important consideration when interpreting the AHA Consensus-based Nursing Guidelines. The AHA, as the professional organisation representing Hepatology Nurses in Australia, has a responsibility to its members to assist in identifying the speciality's scope of practice and to provide a forum for individuals to consider what constitutes their scope of practice.⁷

CONSENSUS GUIDELINE 4.2: ACTIVELY PARTICIPATE IN REFLECTIVE PRACTICE

- Reflective practice is a requirement of Australian Health Practitioner Regulation Agency (AHPRA) continuing professional development strategy.⁸ Nurses are encouraged to identify their scope of practice and to continuously learn and evolve as a result of their professional practice.⁹
- In addition to formal teaching and learning, reflective practice encourages individuals to participate in life-long learning from their own professional experiences.
- Reflective practice can include writing a brief summary of continuing professional development activities and how these activities will improve practice and progress identified goals.
- Nurses may consider using reflective practice to assist in their professional evolution, and that of the speciality.

CONSENSUS GUIDELINE 4.3: ACTIVELY ENGAGE IN CONTINUING PROFESSIONAL DEVELOPMENT

- Adhere to the NMBA's Standard on continuing professional development, which stipulates that continuing professional development is a requirement of nursing registration.¹⁰
- Identify, participate and document in professional development activities that maintain one's own advanced level of knowledge and skills with regard to caring for people with, or at risk of, liver disease.
- Participate in life-long learning to ensure ongoing development of the individual and the hepatology nursing speciality.

CONSENSUS GUIDELINE 4.4: ACTIVELY ENGAGE IN PROFESSIONAL SELF-CARE

- Actively maintain one's own physical, mental and spiritual health by seeking support, as required.
- Accept the responsibility for self-care by acknowledging one's own physical, mental and spiritual strengths and limitations, and recognise one's intrinsic worth.
- Foster qualities that encourage beneficial practices and relationships with colleagues.¹¹

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- 1 Nursing and Midwifery Board of Australia (NMBA). Registered nurse standards for practice. 2016. Canberra: NMBA. Available at: www.nursingmidwiferyboard.gov.au/codes-guidelines-statements/professional-standards/registered-nurse-standards-for-practice.aspx. Accessed October 2018.
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- 11 International Council of Nurses (ICN). The ICN Code of Ethics for Nurses. 2012. Switzerland: Geneva. Available at: www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards.aspx. Accessed October 2018.

DOMAIN 5: CLINICAL AND COMMUNITY LEADERSHIP

Domain 5 incorporates three consensus guidelines that reflect the ability of the nurse to provide clinical leadership and expertise in the nursing profession with regard to liver health and disease, and community leadership through advocacy and policy development.

CONSENSUS GUIDELINE 5.1: ACTIVELY PROMOTE THE NURSE'S ROLE IN THE DELIVERY OF CARE FOR PEOPLE WITH, OR AT RISK OF, LIVER DISEASE

- Actively promote the nurse as an expert resource in liver health and disease for health professionals and the community, education, government and non-government sectors.
- Maintain and foster relationships with key stakeholders in clinical and non-clinical organisations and promote the nurse's role in the management of people with liver disease.
- Advocate for and disseminate the AHA Consensus-based Nursing Guidelines to support the nurse's role in caring for people with, or at risk of, liver disease.
- Initiate and/or contribute to research activities that strengthen the evidence-base of the nurse's role in caring for people with, or at risk of, liver disease.
- Act as a change agent to influence local and national policy to ensure the needs of people with, or at risk of, liver disease are considered and addressed.

CONSENSUS GUIDELINE 5.2: MENTOR NURSES TO BE INVOLVED IN CARING FOR PEOPLE WITH, OR AT RISK OF, LIVER DISEASE

- Mentor and support nurses interested in caring for people with, or at risk of, liver disease to build their confidence and competence in liver disease care and management.
- Support nurses new to the field of hepatology to interpret and implement the AHA Consensus-based Nursing Guidelines.

CONSENSUS GUIDELINE 5.3: PROVIDE ONGOING EDUCATION, SUPPORT AND LEADERSHIP FOR HEALTH PROFESSIONALS INVOLVED IN CARING FOR PEOPLE WITH, OR AT RISK OF, LIVER DISEASE

- Seek opportunities to contribute to, participate in and/or lead liver disease education forums.
- Actively engage in own professional development activities to ensure knowledge currency.
- Provide evidence-based information regarding the meaning of test results, the natural history of liver disease, treatment options and appropriate referral to members of the interdisciplinary team.
- Provide education and support for health professionals involved in caring for people with, or at risk of, liver disease including, but not limited to, medical practitioners, primary healthcare workers, drug and alcohol workers, workers in the custodial setting, Nurse Practitioners, Registered and Enrolled Nurses, Midwives, multicultural health workers, community-based organisations, allied health professionals and health assistant workers.

