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

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.

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 scans, 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.
- Managing deterioration of health:
  - Monitor for signs of worsening liver disease, nutritional status and behaviour changes
  - Implement the inter-disciplinary 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.

ADVOCATE 3, 8–11
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.

SUPPORT ADHERENCE 3–6
- 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 HEPATOCELLULAR CARCINOMA (HCC) SURVEILLANCE 3, 7, 8
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 3, 8–11
- Access the AHA Consensus-based Guidelines for the Nursing Care of People with Liver Disease please go to: www.hepatologyassociation.com.au

REFERENCES