Clinical Management Protocol on

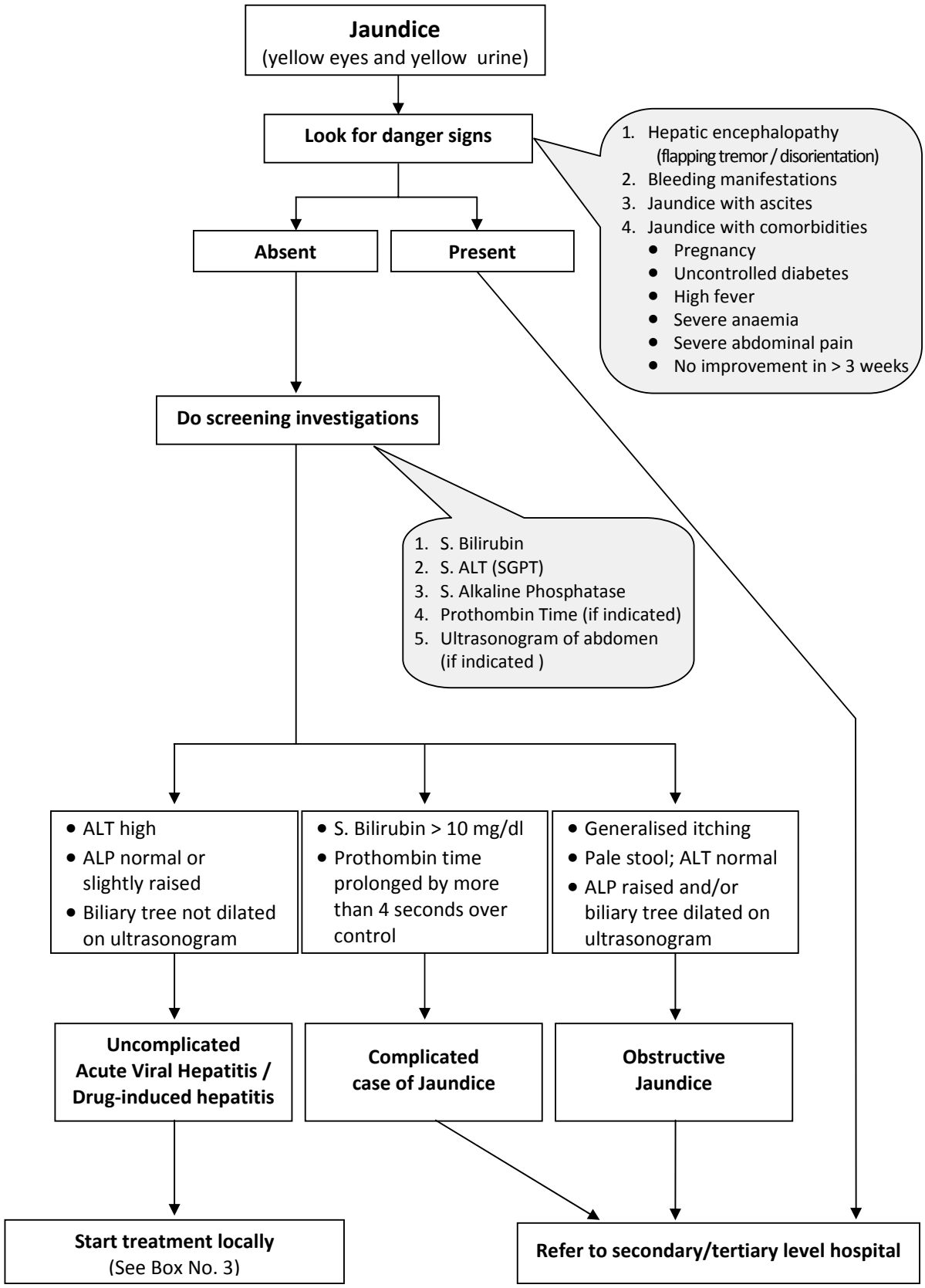
Management of Jaundice

(Final Version on 17 June 2012)

Developed by

Subcommittee

Prof. Nooruddin Ahmad, Hepatology, BSMMU: Coordinator
Prof. AKM Khorshed Alam, Hepatology, BSMMU
Prof. Salimur Rahman, Hepatology, BSMMU
Dr. Md. Shahinul Alam, Hepatology, BSMMU
Dr. M. Motahar Hossain, Square Hospitals Ltd.



This algorithm is meant to be used only by primary care physicians at all levels. It will cover most but not all cases of jaundice. The primary care physician will refer all undiagnosed and complicated cases to tertiary level centres where these cases can be safely evaluated and managed.

Jaundice is clinically defined as yellow coloration of eyes and urine

Box 1: First line investigations for Jaundice

1. S. Bilirubin
2. SGPT (ALT)
3. S. Alkaline Phosphatase
4. Prothombin Time (if indicated)
5. Ultrasonogram of abdomen (if indicated)

Box 2: When to refer?

Refer to tertiary level hospital if any of the followings is present:

1. S. Bilirubin >10mg /dl
2. Prothombin time prolonged by > 4 seconds
3. Hepatic encephalopathy (Flapping tremor / disorientation)
4. Bleeding manifestations
5. Jaundice with ascites
6. Jaundice with comorbidities
    - Pregnancy
    - Uncontrolled diabetes
    - High fever
    - Severe anaemia
    - Severe abdominal pain
    - Jaundice without improvement for > 3 weeks
7. Obstructive Jaundice
8. Any case where there is diagnostic confusion

Box 3: Treatment of uncomplicated acute hepatitis

1. Rest at home.
2. Normal palatable diet of choice.
3. Excessive glucose, fruit drink, sugar cane juice and coconut (‘dub’) water unnecessary.
4. If drug-induced, withdraw the responsible drug.
5. No paracetamol. No NSAID. No indigenous medicine.
6. Follow up liver function tests at 7 days interval.
7. Refer to secondary/tertiary level hospital if any sign of complication appears or no improvement in 3 weeks.

Box 4: When to admit locally?

If intractable vomiting necessitates intravenous fluids in an otherwise uncomplicated case.