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| Name: |  | | | | | | | | | | | | | | | | | | | | | | NHS#: | | | |  | | | | | | | | | |
| Date of diagnosis: | | | | | | | |  | | | | | | UKPBC participant | | | | | | | | | ☐Yes ☐No | | | | | PBID: | | | |  | | | | |
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| Second Line Treatment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medication: | | | | | |  | | | | Dose: | | | |  | | | | | | Frequency: | | | | | |  | | | | Period: | | | |  | | |
| Start date: | | | | | |  | | | | Stop date: | | | | | | |  | | | | Stop reason: | | | | |  | | | | | | | | | | |
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| Side Effects | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Significant itch in previous 3 months | | | | | | | | | | | | | | | | | | ☐Yes ☐No | | | | Score: | | |  | | | | | | | | | | | |
| Pruritus treatment: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other side effects in previous 3 months | | | | | | | | | | | | | | | | | | ☐Yes ☐No | | | | | | | | | | | | | | | | | | |
| Side effects: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Hepatic Decompensation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| History of ascites | | | | | | | | | | | ☐Yes ☐No | | | | | | | | | | | | | | | | | | | | | | | | | |
| If yes, controlled with: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Variceal haemorrhage | | | | | | | | | | | ☐Yes ☐No | | | | | | | | | | | | | | | | | | | | | | | | | |
| If yes, treatment: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hepatic encephalopathy | | | | | | | | | | | ☐Yes ☐No | | | | | | | Lactulose ☐Yes ☐No | | | | | | | | | Rifaximin ☐Yes ☐No | | | | | | | | | |
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| Other Health Event (in last 3 months) | | | | | | | | | | | | | | | | | ☐Yes ☐No | | | | | | | | | | | | | | | | | | | |
| Details: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Other Medications | | | | | | | | | ☐Yes ☐No | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medication | | | | | | | | | Dose | | | | | | | Frequency | | | | | | | | | | | Period | | | | | | | | | |
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| Lab Results | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Test | | | | Result | | | | | Date | | | | Test | | | | | | Result | | | | Date | | | | Test | | | | Result | | | | Date | |
| Bilirubin | | | |  | | | | |  | | | | ALT | | | | | |  | | | |  | | | | AST | | | |  | | | |  | |
| ALP | | | |  | | | | |  | | | | Albumin | | | | | |  | | | |  | | | | Sodium | | | |  | | | |  | |
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| IgG | | | |  | | | | |  | | | | IgA | | | | | |  | | | |  | | | | IgM | | | |  | | | |  | |
| Chol | | | |  | | | | |  | | | | LDL | | | | | |  | | | |  | | | | HDL | | | |  | | | |  | |
| Trig | | | |  | | | | |  | | | | Hb | | | | | |  | | | |  | | | | WCC | | | |  | | | |  | |
| Plt count | | | |  | | | | |  | | | | INR | | | | | |  | | | |  | | | | PT | | | |  | | | |  | |
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| Other Investigations | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ix | | | Date | | | | | | | | | Comment | | | | | | | | | | | | | | | | | | | | | | | | |
| USS | | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| CT | | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Biopsy | | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Explant | | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
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| MDT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MDT outcome: | | | | | | |  | | | | | | | | Justification: | | | | | |  | | | | | | | | | | | | | | | |
| Medication: | | | | | | |  | | | | | | | | Dose: | | | | | |  | | | Frequency: | | | | |  | | | | Period: | | |  |
| MDT attendees: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |