

# PBC Audit

Patient #		Age	
M/F	Weight kg	Year of Diagnosis	
Date patient last weighed			

			Y	N
<b>1. Clinical diagnosis:</b>				
Accurate diagnosis with $\geq 2$ of diagnostic criteria (ANA/AMA $>1$ in 40, cholestatic LFTs, consistent histology)?				
<b>2. Treatment:</b>				
a. Is there ongoing treatment with Ursodeoxycholic Acid 13-15mg/kg/day? <i>[If YES go to question 'f', if NO go to question 'b']</i>				
b. Is there treatment with Ursodeoxycholic Acid at an alternative dose? <i>[If YES go to question 'f' if NO go to question 'c']</i>				
c. Is the patient on UDCA at an unspecified dose? <i>[If YES go to question 'f', if NO go to question 'd']</i>				
d. Has the patient had treatment with UDCA and discontinued? <i>[If YES please give the reason if known, if NO go to question 'e']</i>				
e. The patient has no recorded treatment with UDCA? <i>[If YES go to question 'f']</i>				
f. Is there a record of assessing response at 1 year? (ALP $<1.67$ ULN)			Full	Part
			None	No record
<b>3. In the past 12 months, record of presence/absence of:</b>				
a. Pruritus? <div style="border: 1px solid black; height: 20px; width: 100%;"></div>				
b. Fatigue? <div style="border: 1px solid black; height: 20px; width: 100%;"></div>				

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	Y	N
<p><b>4. Bone density:</b></p> <p>a. Assessment within the last 5 years</p> <p><input type="text"/></p>		
<p>b. If abnormal (T <math>\leq</math>-score 2.5), record of appropriate action plan in notes?</p> <p><input type="text"/></p>		
<p><b>5. Is patient high risk? Defined as bilirubin &gt; 50 <math>\mu</math>mol/L OR dropping albumin</b></p> <p><input type="text"/></p> <p>OR patient is decompensating (variceal bleed, ascites or encephalopathy?)</p>		
<p><b>6. If high risk, has patient been considered for transplant in the past 3 months?</b></p> <p><input type="text"/></p>		
<p><b>7. If cirrhotic, record of screening for:</b></p> <p>a. HCC within the last year? (or offered and patient declined)</p> <p><input type="text"/></p>		
<p>b. Varices within the last year? (or offered and patient declined)</p> <p><input type="text"/></p>		
<p>c. If No: Is there record of varices screening in the last 2 years?</p> <p><input type="text"/></p>		
<p><b>8. If co-existing Autoimmune Hepatitis, record of diagnostic biopsy?</b></p> <p><input type="text"/></p>		