

HEPATITIS

PATHOPHYSIOLOGY

Inflammation of the liver. Can be caused by a virus, or a disease condition like alcoholism or an autoimmune cause. Viral hepatitis is contagious. Severity of inflammation of the liver varies and so does the liver's ability to regenerate the liver cells. Hepatitis A is transmitted through fecal-oral route. Hepatitis B is transmitted by body fluids and blood. Hepatitis C is transmitted by blood. (There is also Hepatitis D & E. When you have hepatitis, the liver isn't filtering out things like ammonia which is neurotoxic and can cause a range of symptoms up to coma. The liver is also not able to convert bilirubin to get it out of our body. Increased levels of bilirubin cause that jaundice color in the skin and eyes.



ASSESSMENT FINDINGS

- Assess the skin color and look for jaundice, monitor the liver function tests (AST, ALT, ammonia and bilirubin), assess pain levels (this is painful), Assess stool (will be a clay colored stool) and the urine will be dark, assess for a low grade fever and flu-like symptoms.

DIAGNOSTICS

- Liver function test blood work (AST, ALT, Ammonia, Bilirubin)
- Urinalysis, stool testing, Liver ultrasound and CT scan.

NURSING PRIORITIES

- Assess and monitor mental status
- Prevent bleeding
- Assess and manage pain

THERAPEUTIC MANAGEMENT

- Monitor the liver function tests
- Control pain
- Monitor for neuro changes
- Give lactulose for high ammonia
- Monitor for dehydration and administer fluids if indicated.

MEDICATION THERAPY

- Lactulose for increased ammonia levels
- Fluids for dehydration. Currently there isn't a treatment for hepatitis
- Hepatitis vaccines
- Just symptom control and prevention.