

Ongoing communication summary tool

Patient Name:		Date:
Address:		
Phone number:	Email:	
DOB:		
Medicare Number:	Not eligible?	
Patient	presented for review with	on date:

They have chronic hepatitis B in the following phase:

HBeAg positive chronic infection (immune tolerance)	
HBeAg positive chronic hepatitis (immune clearance)	
HBeAg negative chronic infection (immune control)	
HBeAg negative chronic hepatitis (immune escape)	
ALT	
HBV DNA	

Pregnant, starting immunosuppressing medications or have HIV or HCV Y N

Below are a series of clinical scenarios.

Identify which of these are relevant to the patient and complete accordingly

SCENARIO 1 (complete if relevant, if not see next scenario)

They are not prescribed any medication, so the monitoring plan is

		Next Due?	Form given by?
Bloods: LFT, FBE	6-12 monthly	N/A	
HBeAg / anti-HBe serology	12 monthly	N/A	
HBV DNA viral load	12 monthly	N/A	
APRI bloods for cirrhosis detection	12 monthly	N/A	
HCC surveillance (Liver ultrasound, AFP)	6 monthly	N/A	

SCENARIO 2 (complete if relevant, if not see next scenario)

They are on medication and are prescribed

- Entecavir 0.5mg orally daily
- Tenofovir disoproxil fumarate 300 mg orally, daily
- Tenofovir disoproxil maleate 300 mg orally, daily
- Tenofovir disoproxil phosphate 291 mg orally, daily
- TAF (non PBS)
- Lamivudine

Last script given:

Script given this visit for:

Script not given as have enough/ other:

The monitoring plan is

		Due?	Form given by?
LFT (inc AST), EUC, FBE	3/6 monthly	N/A	
Serum phosphate (tenofovir only)	3/6 monthly	N/A	
HBeAg / anti-HBe serology	6/12 monthly	N/A	
HBV DNA viral load	3/6 monthly	N/A	
HBsAg/ anti-HBs (if HBV DNA undetectable)	12 monthly	N/A	
APRI bloods for cirrhosis detection	12 monthly	N/A	
Cirrhosis assessment (FBE, INR)	3/6 monthly	N/A	
HCC surveillance (Liver ultrasound, AFP)	6 monthly	N/A	

SCENARIO 3 (complete if relevant, if not see next scenario)

They have cirrhosis, and will need lifetime HCC surveillance with 6 monthly Liver ultrasound and AFP last done in due

SCENARIO 4 (complete if relevant, if not see next scenario)

They do not have cirrhosis but need lifetime HCC surveillance as they meet criteria, with a 6 monthly Liver ultrasound and AFP last done due

SCENARIO 5 (complete if relevant)

They do not have cirrhosis or meet criteria for HCC screening, and will need regular ongoing hepatitis B monitoring with APRI/ Fibroscan®

I have given forms for the next investigations but if lost please reorder as above and cc' me in any new forms

We have covered the following education

- Natural history, modes of transmission, and risk reduction
- The availability of effective treatments, which are funded by the PBS, if indicated
- Partner and family immunisation and testing
- The need for regular long-term (often lifelong) monitoring - at least annually
- Liver health and lifestyle- Alcohol minimisation, smoking cessation, weight management, IDU harm reduction as appropriate
- Online/ Written Resources

Notes on patient education (including estimated level of patient understanding)

Bloods should be done 2 weeks prior to appt with a hepatitis B s100 prescriber

Prescription	Pathology	Appointment due:
Next visit s100 prescriber N/A	Freq: 3 monthly / 6 monthly / 12 monthly To consist of:	Due: Booked? Y N Booking contact number for patient:

Hepatitis B s100 prescriber communication status of HBV, adherence, extra monitoring, other symptoms disclosed to follow, if referred to tertiary centre or specialist?

Communication regarding changes in medication/ additional diagnoses/ new allergies/ questions to address from the patient

Regards,

Name

Address