Liver Disease: Triage and Referral

Quick-reference for community pharmacists | Aligned with NICE NG49 and NG50

CALL 999: Life-Threatening Presentations

- ☐ Vomiting blood or black tarry stools (melaena) in a patient with liver disease: possible variceal haemorrhage
- ☐ Confusion, marked drowsiness, or reduced consciousness in a known cirrhosis patient: possible hepatic encephalopathy
- ☐ Rapid-onset jaundice with confusion, unusual bruising, or spontaneous bleeding: possible acute liver failure
- ☐ Do not ask the patient to travel independently. Note time of symptom onset for the ambulance crew.

URGENT: Same-Day GP (or NHS 111 if unavailable)

- ☐ New jaundice in any patient: always requires prompt investigation
- ☐ Jaundice with fever, rigors, or severe right upper quadrant pain: possible acute cholangitis or sepsis
- ☐ Persistent generalised itch with no skin rash: may indicate cholestatic liver disease
- ☐ New ascites (abdominal swelling with ankle oedema or breathlessness) in a patient with liver disease
- ☐ Alcohol withdrawal symptoms (tremor, sweating, agitation) in a patient with heavy alcohol use
- ☐ Suspected drug-induced liver injury (DILI): contact the prescriber urgently; do not advise independent discontinuation

Dark urine and pale stools accompanying jaundice suggest biliary obstruction rather than hepatocellular disease.

Counter Presentations That May Indicate Liver Disease

Patient asks for...	Ask about...	Red flag if...
Antihistamines for itch	Generalised itch, no rash	Jaundice, dark urine, pale stools
Wind relief or bloating remedy	Abdominal distension	Progressive swelling, ankle oedema
Fatigue supplements	Fatigue, alcohol use	Jaundice or known liver disease
Advice about dark urine	Pale stools, jaundice	Any jaundice present

ROUTINE: Prompt GP Review

- ☐ MASLD or metabolic risk (type 2 diabetes, obesity) with no recent liver disease assessment
- ☐ Hepatotoxic medicine without documented monitoring (methotrexate, amiodarone, valproate, nitrofurantoin)
- ☐ Family history of haemochromatosis, unexplained cirrhosis, or inherited liver disease
- ☐ Known cirrhosis: confirm 6-monthly HCC surveillance in place (NICE NG50)

Normal liver blood tests do not exclude significant fibrosis (NICE NG49). Hepatitis C: modern therapy cures more than 95% of infections.

STOP Before Reassuring

S	**Symptoms**	Jaundice | Fever with jaundice | Ascites | Generalised pruritus | Confusion or drowsiness
T	**Toxins**	Alcohol | Hepatotoxic medicines | Paracetamol overuse | Herbal preparations (kava, green tea extract, black cohosh)
O	**Ongoing risk**	Diabetes or obesity | Viral hepatitis exposure | Family history | MASLD without review
P	**Prompt action**	999: variceal bleed, encephalopathy, acute liver failure | Same-day GP/111: new jaundice, cholangitis, ascites, DILI, withdrawal | Routine: metabolic risk, monitoring gaps

Pharmshark | Liver Disease Triage | For educational use by healthcare professionals only. Does not replace clinical judgement, local pathways, or NICE guidance. Not for public self-diagnosis. | pharmshark.com