Drug history / Risk factors for viral hepatitis Personal family history / comorbidities Suspected alcohol risk **Clinical Pattern** ARLD algorithm Recognition **Hepatitic** liver Synthetic failure **Isolated raised** Isolated Jaundice, low albumin, Bilirubin with **Cholestatic** liver enzymes enzymes ↑ ALT or AST prolonged INR otherwise normal liver ↑ ALP & GGT OR blood tests Suspected malignancy Liver blood tests including Weight loss Liver blood tests including GGT Most commonly due to AST, GGT & FBC Marked Cholestasis Gilbert's syndrome **Ultrasound Ultrasound** (unconjugated hyperbilirubinaemia) Liver aetiology screen Liver aetiology screen **Urgent Referral** Autoantibodies and Immunoglobulins Hepatitis B & C Less commonly due to Ferritin & Transferrin saturation Autoantibodies and Immunoglobulins haemolysis (Consider Urgent Ultrasound and/or Ferritin & Transferrin saturation Reticulocyte count, LDH, HbA1c haptoglobin) Consider urgent referral to Normal secondary care or USS and Abnormal USS negative admission Normal USS **NAFLD** liver appearances and/or Negative liver T2DM positive liver aetiology aetiology screen Repeat liver blood tests BMI >25 aetiology screen screen No NAFLD riskwith split bilirubin and Dyslipidaemia factors FBC Hypertension **ALP & GGT** Consider: Reticulocyte remain ALT & AST and LDH if haemolysis abnormal remain abnormal W Refer for further Gilbert's syndrome specialist **NAFLD** Refer for confirmed then inform management/ further fibrosis patient and provide investigation as diagnostic information algorithm defined by tests evaluation

<u>History</u> Alcohol history / Metabolic Syndrome & BMI