

Hepatitis C Evaluation for Treatment: **Patient Checklist**

Patient Name or MRN: _____

Treatment Evaluation*

✓	To Do	Description
	Confirm Chronic HCV Infection	<p>_____ Confirm Hepatitis C Virus antibody reflex testing for quantitative HCV is positive. Establish the patient is <i>HCV antibody AND HCV RNA positive</i></p> <p>_____ Discuss test results with the patient and provide him/her with handout <i>Hepatitis C: Test, Treat, Cure</i></p>
	Obtain Baseline Labs	<p>_____ HCV Genotype</p> <p>_____ HIV Screen</p> <p>_____ Hepatitis B Serology (hepatitis B surface antigen (HBsAG), surface antibody (anti-HBs), and core antibody (anti-HBc))</p> <p>_____ Hepatitis A (HAV antibody total or IgG)</p> <p>_____ CBC (WBC, ANC, HGB, HCT, PLT) (<i>drawn on the same day as CMP</i>)</p> <p>_____ CMP (Creatinine, Glucose, Albumin, ALT, AST, Alkaline Phosphatase, Total Bilirubin, Direct Bilirubin, Total Protein)</p> <p>_____ PT and INR</p> <p>_____ Iron, TIBC, Ferritin</p> <p>_____ Alpha-fetoprotein</p> <p>_____ Vitamin D 25</p> <p>_____ Abdominal ultrasound w/ measurement of spleen size and portal vein diameter (recommended, but not required)</p>
	Routine Evaluation	<p>_____ Assess Suspected Route of HCV Transmission</p> <p>_____ Review Liver Related History</p> <p>_____ Review Psychiatric Diagnosis</p> <p>_____ Administer the Patient Health Questionnaire (PHQ-9)</p> <p>_____ Update Substance Use History (Consider urinary drug screen, if this is not going to be a burden for medication procurement.)</p> <p>_____ Assess compliance with medical appointments and previous treatments (of other diseases)</p>

***Consider using this patient checklist in conjunction with the initial ECHO case presentation form. To download the case presentation form, visit npaihb.org/hcv**