**United Indian Health Services, Inc.**

**Standard Operating Procedure (SOP)**

|  |
| --- |
| **SOP Title:** Hepatitis C Nurse Case Management Protocol |
| **AAAHC Standard:**  |
| **Date Effective: 2/1/17** |  **Supersedes:**  NA |
| **Distribution:** Ambulatory Services  | **Owner:** CMO |
| [ ]  **Governance** [x]  **Operational**  | **Client Care or Impact:** [x] **Yes** [ ]  **No**  |
| **Alternate search terms:**  |

**Purpose:** Hepatitis C is a readily curable infectious disease with a high prevalence in American Indian communities. Eradication of Hepatitis C requires active case management and significant nursing support. This SOP outlines the nurse case management protocols for use in clients with Hepatitis C.

**Cross References:** UIHS Policy Ambulatory Services Scope of Care

**Responsibilities:**

Medical Providers treating Hepatitis C are required to sign the Hepatitis C Nurse Case Management Protocol Authorization page to designate the Nursing staff they have authorized to function under this protocol.

Authorized Nursing staff shall follow the procedures below in clarifying/entering diagnoses, ordering labs, ordering ultrasounds and updating immunization status.

**Procedures:**

Diagnoses to be entered/clarified in problem list and used for HCV tracking:

1. Hepatitis C antibody test positive – this is to be used when someone has had a positive HCV antibody but follow-up testing has not been done to determine the presence of an active infection – if a positive viral load (or positive qualitative RNA test) is obtained, the problem list diagnosis is changed to #2. If there are 2 negative viral loads at least 12 weeks apart – the problem list diagnosis is changed to #3.
2. Chronic hepatitis C – This is to be used for someone with a known positive viral load for HCV, including those in treatment prior to the test of cure. A note should be added to the problem list stating the genotype.
3. History of hepatitis C – this is to be used for a person who has cleared the hepatitis C virus as defined by having 2 negative viral loads at least 12 weeks apart. In the note section for the problem list it should be stated whether the infection was a spontaneous clearance or if antiviral medications were used (if known) – the specific mediation used should be mentioned whenever known. Additional the following wording should be entered “Cleared infection. Client will always test positive for antibody. If suspected new contact, check HCV RNA (viral load) to determine recurrent infection”.

Management of each case:

1. Hepatitis C antibody positive – nursing may call client and see if they are interested in determining if they still have the Hepatitis C virus. If so, order HCV viral load for any client with a positive antibody. Two negative tests at least 12 weeks apart confirm a cleared infection.
2. Chronic hepatitis C – nursing may call and see if the client is interested in considering HCV treatment. If they are interested in pursuing further treatment, the following tests shall be ordered (by Nurse under the name of the authorizing provider) and the client should be scheduled for a HCV consultation visit:
	* CBC (if not performed in the last 60 days)
	* CMP (if not performed in the last 60 days)
	* HCV Genotype (if not performed in the last 60 days)
	* HCV viral load (if not performed in the last 60 days)
	* PTT/INR (if not performed in the last 60 days)
	* AFP (if not performed in the last 6 months)
	* TSH (if not performed in the last 12 months)
	* HIV (if not performed in the last 12 months)
	* Vitamin D level (if not performed in the last 12 months)
	* Hep A Ab (if not performed in the last 12 months)
	* HBV Evaluation Profile (Hep B surface Ag, Hep B surface Ab Core Ab)(if not performed in the last 12 months)
	* Abdominal ultrasound (only if no ultrasound or CT of abdomen in the patient chart within the last 2 years)
	* Fibrosure test – if most recent labs reveal an APRI score of less than 0.7 AND a Fibrosure has not been performed in the last 12 months <http://www.hepatitisc.uw.edu/page/clinical-calculators/apri>;
3. History of Hepatitis C – for any client with an Apri score above 1.0 or a Fibrosure of 0.58 or higher, and no diagnosis of cirrhosis noted in the chronic problem list, a task should be sent to a HCV treating provider to review chart for presence of cirrhosis.

Lab orders during treatment:

1. For Standard Therapy (12 week therapies without ribavirin):
* CBC, CMP, at 4 and 8 weeks of therapy.
* HCV Viral Load at 4 weeks.
* HCV Viral Load at 6 weeks if 4 week viral load detectable
* CMP and HCV viral load 12 weeks after end of therapy.
1. For therapies that include ribavirin:
* All labs indicated for standard therapy AND
* CBC every 2 weeks for the duration of therapy
* If Hgb <10.0
	+ Hgb weekly…(CBC, Hgb, CBC, Hgb)
1. For clients with Hep B Core antibody +, Hep B Surface antibody negative, and Hep B Surface antigen negative
* Hep B Surface antigen at week 4, week 8 and 12 weeks after therapy.
1. For clients with Hep B Core antibody +, Hep B Surface antibody negative, and Hep B Surface antigen positive
* HBV viral load at baseline and at week 4, week 8 and 12 weeks after therapy.

For clients with a documented diagnosis of cirrhosis in their chronic problem list – order AFP and abdominal ultrasound every 6 months.

Immunization – All clients with Hepatitis C should have Hepatitis A and B vaccines completed unless they are immune by serologies (positive HBV surface Ab and positive HAV total Ab). If immune, the immunization module should be updated to reflect this status. If not immune, immunization series should be completed.

Follow-up – Nursing staff shall monitor the HCV Case Management list and actively recall clients due or overdue for labs or other follow-up.

**Enforcement:** All persons whose responsibilities are affected by this SOP are expected to be familiar with the basic procedures and responsibilities created by this SOP. Failure to comply with this SOP will be subject to appropriate disciplinary action.

**Definitions/Acronyms:**

Hep – Hepatitis

HAV – Hepatitis A Virus

HBV – Hepatitis B Virus

HCV – Hepatitis C Virus

A number of acronyms are present related to laboratory tests, these are commonly used acronyms and definition is not necessary for purposes of this SOP**.**

**References:** American Association for the Study of Liver Diseases – HCV Guidance: Recommendations for testing, Managing and Treating Hepatitis C

**Attachments:** Provider Authorization for Hepatitis C Nurse Case Management Protocol