

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 to hospital independently for any of the above

Acute liver failure can follow paracetamol overdose, acute viral hepatitis, or a new hepatotoxic medicine. Note the time of symptom onset for the ambulance crew.

■ URGENT: Same-Day GP or NHS 111

- New jaundice (yellowing of skin or eyes) in any patient: always requires prompt investigation
- Persistent generalised itch with no skin rash: may indicate cholestatic liver disease (patients often request antihistamines without making the link)
- New abdominal swelling (possible ascites) with ankle swelling or breathlessness in a patient with liver disease
- Suspected DILI: contact the prescriber urgently to decide whether to stop the medicine; do not advise independent discontinuation

Significant fibrosis can be present despite completely normal ALT and AST levels. Dark urine and pale stools alongside jaundice suggest cholestatic or biliary obstruction.

Risk factor	Ask or observe	Action
MASLD (metabolic risk)	Type 2 diabetes, obesity, or metabolic syndrome on repeat prescription	Flag for GP review if there has been no recent liver disease assessment
Alcohol use	AUDIT-C screen; units per week	Brief intervention; GP referral; caution re abrupt withdrawal in dependence
Viral hepatitis risk	Injecting drug use (even once), imprisonment, healthcare abroad, high-prevalence country	Refer for blood-borne virus testing; consider HBV vaccination
Hepatotoxic medicines or supplements	Methotrexate, amiodarone, valproate, nitrofurantoin; herbal products; bodybuilding supplements	Check liver blood test monitoring is current

✓ ROUTINE: Prompt GP Review

- MASLD or metabolic risk factors with no recent liver disease assessment (normal liver blood tests do not exclude fibrosis: NICE NG49)
- Hepatotoxic medicine without documented monitoring liver blood tests
- Known cirrhosis: confirm the patient remains engaged with 6-monthly hepatocellular carcinoma surveillance (NICE NG50)
- Hepatitis C known or suspected: refer for direct-acting antiviral assessment if not under treatment (cure rate above 95%)

STOP Before Reassuring

S	Symptoms	Jaundice Ascites Generalised pruritus Confusion or drowsiness
T	Toxins	Alcohol Hepatotoxic medicines Herbal products and supplements
O	Ongoing risk	Diabetes or obesity Viral hepatitis exposure MASLD without recent review
P	Prompt action	999: vomiting blood, melaena, confusion/drowsiness with liver disease, acute liver failure Same-day GP/111: new jaundice, new ascites, pruritus, suspected DILI Routine: metabolic risk, viral hepatitis risk, monitoring gaps