



PATIENT I.D. DATA:
(name, DOC #, birthdate)

HEPATITIS C TREATMENT SCREENING

Facility	Allergies
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<p>1. HEPATITIS C SCREENING (IPN to evaluate for risk factors)</p> <p><input type="checkbox"/> Order WA DOC ABC Hepatitis panel (test code 14657).</p> <p style="padding-left: 20px;"><input type="checkbox"/> Include HIV Antibody if no results available.</p> <p><input type="checkbox"/> Positive Hepatitis C Antibody – Proceed to Step 2.</p> <p><input type="checkbox"/> Negative Hepatitis C Antibody – Document education and offer rescreening as needed.</p> <p><input type="checkbox"/> If HIV positive and Hepatitis C Antibody negative and patient has Hepatitis C risk factors or abnormal LFTs, order HCV PCR with Reflex Genotype (test code 2685).</p> <p style="padding-left: 20px;"><input type="checkbox"/> Positive HCV PCR – Proceed to Step 2.</p> <p style="padding-left: 20px;"><input type="checkbox"/> Negative HCV PCR – Treatment not indicated. Document education and offer rescreening as needed.</p>	<p>PROVIDER STAMP DATE/TIME/INIT</p>
<p>2. VACCINATION</p> <p><input type="checkbox"/> Vaccinate against HAV/HBV if no immunity against HAV/HBV in accordance with DOC public health order sets. (Vaccine series does not need to be completed to proceed to next step.)</p> <p><input type="checkbox"/> Documented immunity to both HAV <u>and</u> HBV.</p>	
<p>3. OBTAIN MONITORING LABS</p> <p><input type="checkbox"/> Order LFTs, platelets, PT/INR.</p> <p><input type="checkbox"/> Calculate APRI score: (AST / ULN) / platelets x 100 = _____</p>	
<p>4. ESTABLISH CHRONICITY</p> <p><input type="checkbox"/> Obtain pertinent prior records (may require authorization signed by patient).</p> <p><input type="checkbox"/> Order HCV PCR with Reflex Genotype (test code 2685) 6 months from the first documented Hepatitis C Antibody positive test in DOC or outside records.</p> <p style="padding-left: 20px;"><input type="checkbox"/> Positive HCV PCR (>50iu)</p> <p style="padding-left: 20px;"><input type="checkbox"/> Negative HCV PCR (<50iu/mL) – Patient does not have Chronic Hepatitis C. Document education and offer rescreening as needed.</p>	
<p>5. ASSESS TIME REMAINING</p> <p>What is patient's ERD? _____ Genotype: _____</p> <p>Does the patient have enough time to complete treatment? (A 2- to 3-month proposed treatment regimen requires 4-6 months. A 6-month proposed treatment regimen requires 8-9 months.)</p> <p><input type="checkbox"/> Yes – Proceed to Step 6.</p> <p><input type="checkbox"/> No – Provide community resources, document education, and refer to provider as appropriate</p>	
<p>6. ASSESS PATIENT'S INTEREST IN TREATMENT PROGRAM</p> <p><input type="checkbox"/> Give patient educational handouts (available in the Medical Infection Prevention Library in Health Services WADOC).</p> <p><input type="checkbox"/> Interested in hepatitis C treatment –</p> <p style="padding-left: 20px;"><input type="checkbox"/> Sign DOC 13-357 Hepatitis C Treatment Consent.</p> <p style="padding-left: 20px;"><input type="checkbox"/> Place on medical hold.</p> <p style="padding-left: 20px;"><input type="checkbox"/> Continue with DOC 13-358 Hepatitis C Treatment Evaluation.</p> <p><input type="checkbox"/> Not Interested – Document decision and education. Follow up at least annually, including labs (LFTs, platelets, PT/INR, APRI score).</p> <p><input type="checkbox"/> Perform risk reduction counseling.</p>	

State law and/or federal regulations prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.