CHRONIC HCV EVALUATION

CBC w diff, liver panel, Chem 7, PT/INR, genotype/subtype, HIV, HBcG, HAV, HBS Ag, c Ab, S Ab: persons not immune, vaccinated.

Baseline labs: If patient will get ribavirin, obtain EKG for patient with DM, CAD, HTN (if >50 years). Rapid drop H/H risk cardiac, pulm complications. Assess relevant comorbidities: Uncontrolled HIV (may need more adherence support re HCV meds); renal disease (assess GFR, needed for some DAAAss). Assess PMHx with focus on prior evaluations (labs OVER TIME, radiology, liver biopsy), specific HCV treatments, treatment outcome and med- ication intolerances. Need HCV treatment htx to select DAA regimen and duration. If RBV assess for CAD, pulm disease, renal disease. Assess all medications (prescribed, OTC): Assess all drug-drug interactions. Advise to avoid taking any new meds (including OTC and herbs) without checking with clinician.

Assess for other causes liver dz: Ferritin, iron/transferrin saturation (hemochromatosis screen: follow-up w PCP for iron deficiency); Cerulo- plasmin, Alpha 1 antitrypsin. ANA only based on PMHx, Fam Hx, PE. Cryoglobulins if renal disease, arthralgias, rash, etc. HOM.

Assess alcohol use: You have not been infected by HCV, but you may be at risk.