LOOKING AFTER CHILDREN WITH CHRONIC LIVER DISEASE

Basic Supportive Care

Pruritis

1) Antihistamines sometimes help, try HYDROXYZINE (Aterax) 0.5-2.0mg/kg 6-8H PO
2) PHENOBARBITONE sometimes works and is worth trying at 5mg/kg 24H PO at night. Add to hydroxizine. Discontinue if no effect
3) URSODEOXYCHOLIC acid (Ursotan) is the last resort at 5-10mg/kg 12H PO (very expensive)

Nutrition

- Increase total calorie intake by 10 - 20 % to make up for fat malabsorption, poor intake and anorexia

- Milk is a good source of energy despite high fat content - so give an extra glass each day
- If the child is failing to thrive try an MCT-containing milk:
  - Prenan in the infant
  - Paediasure in the older child
  - Ask a dietician to supplement with glucose polymers/medium chain triglycerides (MCT)

Vitamins

- A: Give double dose of VIDAYLIN drops (i.e. 1.2ml 24H) or double dose MVT's (i.e. 2 mls/kg of multivitamin syrup)
- D: 400 IU daily 1 ALPHA 0.025-0.05 micrograms 24H, is a last resort and usually only used in patients awaiting liver transplant
- E: Not present in MVT preparations. Give infants 100 IU daily and older children 200mg - 400mg 24H
- K: Give 5mg weekly and watch INR

Ascites

- SPIRONALACTONE 6.25mg or 12.5mg 12H (NOT per kg)
- 20% ALBUMIN infusions (5 - 7 ml/kg/day over 4 hours) with Furosemide 1mg/kg IVI stat as necessary

Varices

- Warn the mother to look out for upper GIT bleeds (vomiting blood) and to bring the child in promptly
- Resuscitate (do not over-resuscitate) and refer to the appropriate surgical department

Bleeding may have stopped because of decreased venous pressure. Too much or too rapid fluid during resuscitation may lead to a fast rise in venous pressure causing clot dislodging and FURTHER BLEEDING