ACUTE INFECTIOUS HEPATITIS/HEPATITIS A

Diagnosis

Make a clinical diagnosis:
- Age > 6 months
- Bilirubin in urine
- Other clinical features are variable, and include recent onset jaundice (<3 weeks), nausea, anorexia, vomiting, malaise, and a tender, palpable liver

WITHOUT signs of chronic liver disease:
- palpable spleen
- clubbing
- hard liver
- oedema
- pale nails

WITHOUT clinical complications:
- bleeding
- altered level of consciousness
- dehydration

Management

- No investigations
- Manage at home: isolation is not required
- Notify as “viral hepatitis, undifferentiated”

Indications for admission

- Severe persistent vomiting and/or dehydration
- Hepatic coma/precoma = any form of altered level of consciousness
  1) check blood sugar level, set up a 10% dextrose infusion
  2) do “baseline” investigations: INR, LFT’s, hepatitis A&B serology, FBC, venous blood gasses
  3) admit directly to high care
  4) inform paediatrician

Information to Parents

1) Bring your child back if the jaundice lasts longer than 3 weeks
2) Return immediately if there is:
   - persistent vomiting
   - drowsiness
   - ataxia
3) Your child may return to school once the jaundice has cleared

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1 “LFT’s”: Specifically request total and conjugated bilirubin, total protein & albumin, ALP, LDH and ALT. The “rest” add little further information, and to request them by writing LFT’s on the laboratory form is a waste of money