

Hepatitis C Pre-Treatment Checklist

Before Treatment Starts:

- _____ CBC with differential
- _____ Comprehensive Metabolic Panel (CMP)
- _____ TSH
- _____ Uric acid
- _____ PT/INR
- _____ HIV screening
- _____ Vitamin D 25OH total (treat if deficient)
- _____ IL-28b genotype (interferon candidates only, if not already done)
- _____ Pregnancy test (if applicable)
- _____ Quantitative HCV RNA
- _____ Genotype confirmation (if done prior to 2005)
- _____ Hep B core antibody (if positive, ANMC lab will test for sAg)
- _____ AFP (within past 6 months)
- _____ Fasting glucose or A1C
- _____ Audit-C
- _____ PHQ-9
- _____ Drug & Alcohol Screening (at discretion of provider)
- _____ Review vaccine status: Hepatitis A, B and other appropriate adult vaccines
- _____ Determine eligibility for insurance or treatment assistance programs

Pre-Treatment Clinical Evaluation:

- _____ VS, Height _____, Weight _____, BMI _____
- _____ Medical history including hepatitis disease history
 - _____ Hypertension controlled
 - _____ Diabetes controlled
 - _____ Counseling about smoking cessation
 - _____ Other concurrent illnesses
- _____ All medications reviewed; check for drug interactions with treatment meds
- _____ Physical exam including liver/GI
- _____ ECG (age over 65)
- _____ Stress Test (if treatment includes interferon and patient has h/o cardiac disease)
- _____ Dilated retinal/ophthalmology exam (interferon candidates only who have HTN, HLD, DM, or h/o retinal disease or blindness)
- _____ Clearance from Family Medicine Provider
- _____ Mental Health Evaluation if h/o depression or other psychiatric condition (if treatment includes interferon)
- _____ Hepatitis C Treatment Agreement reviewed and signed
- _____ Fibroscan