

## Hepatitis C Pre-Treatment Checklist

### Before Treatment Starts:

- \_\_\_\_\_ HCV genotype confirmation
- \_\_\_\_\_ HCV RNA (quantitative/viral load)
- \_\_\_\_\_ IL-28b genotype (interferon candidates only, if not already done)
- \_\_\_\_\_ AFP (within past 6 months)
- \_\_\_\_\_ CBC with differential
- \_\_\_\_\_ Comprehensive Metabolic Panel (CMP)
- \_\_\_\_\_ TSH
- \_\_\_\_\_ Uric acid
- \_\_\_\_\_ PT/INR
- \_\_\_\_\_ HIV screening
- \_\_\_\_\_ Vitamin D 25OH total (treat if deficient)
- \_\_\_\_\_ Pregnancy test (if applicable)
- \_\_\_\_\_ A1C or Fasting Glucose (within past 6 months)
- \_\_\_\_\_ Audit-C
- \_\_\_\_\_ PHQ-9
- \_\_\_\_\_ Drug & Alcohol Screening (at discretion of provider)
- \_\_\_\_\_ Review Hepatitis A and B immunity/vaccine status
- \_\_\_\_\_ Review other appropriate adult vaccines prior to treatment
- \_\_\_\_\_ Determine eligibility for insurance or treatment assistance programs

### Pre-Treatment Clinical Evaluation:

- \_\_\_\_\_ Vital signs, Height \_\_\_\_\_, Weight \_\_\_\_\_, BMI \_\_\_\_\_
- \_\_\_\_\_ Medical history including liver disease history and past hepatitis C treatment
  - \_\_\_\_\_ Hypertension controlled
  - \_\_\_\_\_ Diabetes controlled
  - \_\_\_\_\_ Counseling about smoking cessation
  - \_\_\_\_\_ Counseling about pregnancy prevention (see Treatment Agreement)
- \_\_\_\_\_ All medications reviewed; check for drug interactions with treatment meds
- \_\_\_\_\_ Physical exam
- \_\_\_\_\_ ECG (age over 65 or h/o cardiac disease)
- \_\_\_\_\_ 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 (if available)