Hepatitis C Pre-Treatment Checklist

Before Treatment Starts:

• Labs:	
Immediately prior:	□ Pregnancy test
	□ Uric Acid (with ribavirin)
Within 1 month:	☐ Complete Blood Count with differential
	□ Comprehensive Metabolic Panel
	(If GFR <30, do not start treatment; consult Liver Disease Specialist)
	□ PT/INR
Within 3 months:	□ HCV RNA
M	□ Genotype confirmation
Within 6 months:	□ AFP
	□ TSH
	□ A1C or Fasting Glucose
MCILC. A	Ultramin D 250H
Within 1 year:	☐ HIV screening
• Screen & Review: AUD	
=	& Alcohol Screen (at discretion of provider)
Vaccine Status/Screening	_
•	nations are recommended for all persons with HCV
-	(If vaccine status is unknown, check hep A total IgG)
•	(If vaccine status is unknown, check HBsAg & HBsAb)
Other vaccines as app	•
□ Flu (annuall	• •
	cal-13 (≥ age 65 or high risk/immunosuppressed)
	cal-23 (≥ age 50 AN/AI living in Alaska or high risk)
·	ery 10 years) OR Tdap (once)
□ Zoster (≥ ag	e 60)
Pre-Treatment Clinical Evalu	ation:
☐ Medical history inc	luding liver disease history and past hepatitis C treatment
□ Hypertensic	on/Diabetes controlled
□ Counsel abo	out smoking cessation
	out pregnancy prevention (see Treatment Agreement)
	ons; check for drug interactions with treatment meds
□ Physical Exam	
☐ Hepatitis C Treatme	ent Agreement reviewed and signed
☐ ECG (If treatment inc	cludes ribavirin or peginterferon, over age 65 or h/o cardiac
disease)	
If treatment includes peg	interferon complete the following:
□ Mental Health Eval	uation if h/o depression or other psychiatric condition
	diac disease, prior to peginterferon or ribavirin)
-	thalmology exam (peginterferon candidates only who have
HTN, HLD, DM, or h/o retinal disease or blindness)	