

Did you know your resident's delirium could be

Hepatic Encephalopathy (HE)?

- HE is a decline in brain function, causing altered mental status, that occurs as a result of liver disease (cirrhosis).
- **Signs of liver disease include:** fatigue, loss of appetite, ascites (abdominal fluid accumulation), and jaundice (yellowing of skin/ eyes).
- HE diagnosis is a **diagnosis of exclusion** – clinical presentation of this altered mental status, in a cirrhotic resident, absent other causes.
- Therefore, **ALL** community staff in direct caregiving roles should be aware of signs of HE to inform the differential diagnosis.
- **HE Signs/Symptoms:** flapping tremor (asterixis), stupor, disorientation, emotional lability, slurred speech, lethargy/ somnolence, delirium.
- Delirium is a major concern in caring for our LTC residents – The CMS State Operations Manual mentions delirium 38 times!

If delirium is so common how will I know if it's Hepatic Encephalopathy?

Ask these questions: <i>Does my delirious resident have signs of cirrhosis or established liver disease?</i>	
YES	NO
<p><u>This could be <i>Hepatic Encephalopathy</i></u></p> <ul style="list-style-type: none"> • Screen for other signs such as: disorientation, lethargy, ataxia, asterixis, loss of fine motor skills, altered speech, or postural changes • Assess other contributing factors → <ul style="list-style-type: none"> → Recognize the existence of additional contributing factors does NOT rule out HE, but may be <u>precipitating factors!</u> • Report to medical supervisor for a test to help diagnose, grade, and manage potential HE (i.e., West Haven Criteria) 	<p><u><i>Is my resident on medications that could cause delirium?</i></u></p> <ul style="list-style-type: none"> • Antihistamines, sedatives, benzodiazepines, opioids, steroids, Parkinson's medications, etc. <p><u><i>Does my resident have blood sugar imbalances?</i></u></p> <ul style="list-style-type: none"> • Check the residents' blood sugar – they could be hypoglycemic. • Even if resident is not diabetic, acute illness and certain medications can alter blood sugar levels. <p><u><i>Does my resident have electrolyte disturbances?</i></u></p> <ul style="list-style-type: none"> • Fluid/electrolyte correction can reverse delirium caused by these imbalances. <p><u><i>Does my resident have signs of a Stroke (FAST)?</i></u></p> <ul style="list-style-type: none"> • Face drooping, Arms uneven, Speech slurred, Time to call 911

Why is HE important to recognize?

- Over 4.5 million adults have liver disease making this relevant to your communities.
- 40% of those residents will have at least one episode of hepatic encephalopathy.
- **If left untreated this could lead to brain swelling with irreversible complications.**
- Timely treatment can reverse symptom progression and therapeutic agents – Lactulose (first line) and Xifaxan (second line) –are well established and generally well tolerated.