

PATIENT: BADBIR ID:

HRN: DOB:

BIOLOGIC / CONVENTIONAL COHORT:



BIR
Biologic Interventions Register

Event of Special Interest: Serious Hepatic Dysfunction / Failure

Background Information:

What signs and symptoms did the patient have?

	YES	NO	DON'T KNOW
Jaundice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ascites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coagulopathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oesophageal varices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypoglycaemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encephalopathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What investigations were performed?

Did the patient have abnormal LFTs? (>3x ULN)

YES NO DON'T KNOW

P3P – Prior to event

Date of P3P taken _____

YES NO NOT AVAILABLE

Please give the levels reached:

• AST: _____

• Alk Phos: _____

• ALT: _____

• Gamma GT: _____

• INR: _____

• Albumin: _____

• Bilirubin: _____

Was a liver biopsy performed?

YES NO DON'T KNOW

Was a Computerised Tomography (CT) / Magnetic Resonance Imaging (MRI) or Ultrasound of the liver performed?

YES NO DON'T KNOW

Please give details or attach report

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What previous/relevant history did the patient have?

● Prior liver disease/gallstones/hemochromatosis YES NO DON'T KNOW

● History of alcohol abuse YES NO DON'T KNOW

How many units / week _____

● Hepatitis (A/B/C) YES NO DON'T KNOW

● Other (e.g. Autoimmune, Liver disease) YES NO DON'T KNOW

Further details:

If you have any questions please call the Register office on: 0161 306 1911

Form completed

By: _____
On: ____ / ____ / ____

Please note this ESI form needs to be entered directly onto the BADBIR database in the adverse section