Condition / Symptom	Criteria for Referral	Information to be included	Expected Triage Outcome	Austin Specific Guidance Notes
Fatty Liver Disease Direct to Emergency Department for: • **Acute liver failure** • **Severe hepatic encephalopathy** • **Aspartate transaminase (AST) > 2,000 U/L.**	1. Imaging findings suggestive of hepatic steatosis 2. OR liver function abnormality with metabolic risk factors for fatty liver disease (elevated body mass index, type 2 diabetes, elevated waist circumference, hypertension, dyslipidaemia)	Must be provided: 1. History of alcohol intake 2. History of injecting drug use 3. Current and historical liver function tests 4. Full blood examination 5. International normalised ration (INR) result 6. Urea and electrolytes 7. Upper abdominal ultrasound results 8. Hepatitis B virus and Hepatitis C virus serology results 9. History of diabetes 10. Iron studies 11. Current and complete medication history (including non-prescription medicines, herbs and supplements). Provide if available: 1. Height, weight and body mass index 2. Any relevant family history. 3. FIB-4 score (see guidance notes)	**Routine - Nurse-Led Fatty Liver Clinic** **Liver elastography and blood assessments will be performed followed by a nurse consultation.** **Low risk patients will be discharged back to GP with recommendations.** **Patients with concern for liver fibrosis will be escalated to general liver clinic.**	FIB-4 Score is an index for liver fibrosis and can be calculated easily from age and blood results using the following equation: = Age * AST / (Platelets * sqr(ALT)) Patients with FIB-4 < 1.3 are unlikely to have liver fibrosis.