My Passport



Name:

Date of birth:

This passport has been developed to help you keep track of important information related to your liver condition. You can use this passport to record important details such as the medications you are taking and instructions you have been given from your healthcare team.

Having this information to hand will help your healthcare team to understand what you are going through. It is recommended that you take this passport to all of your appointments.

Please note this booklet should not replace the conversations you may have with your doctor or healthcare team. To view the Passport online or to download a copy go to www.liverpatientpassport.com

Lifestyle recommendations

One of the best ways to take control of your condition is for you to play an active role in managing it by working with your healthcare team. Following the below lifestyle recommendations will help you to do this.

- Try to keep yourself physically active if you can
- Eat healthily and at regular time points
- Please make sure that you follow your dietitian's nutritional advice on recommended salt and protein intake and how to maintain bone health such as taking vitamin D
- Discuss with your doctor if you have any problems doing your job or carrying out usual activities



- If you have been instructed by your doctor to take lactulose, ensure that you take enough for 2–3 soft bowel movements a day
- Avoid all alcohol if you have been advised not to drink (very important). Even small amounts of alcohol can cause problems when your liver is cirrhotic
- Avoid smoking (very important)
- Avoid sleeping tablets or tranquilisers
- Discuss with your doctor if at any point you change any of your medicines, including herbal remedies
- Tell a member of your healthcare team if you get constipated
- Mention to your doctor if your abdominal area seems bigger than usual or swollen
- Seek help if you have a fever, chills or if your legs become swollen

Red flags

It is very important that you seek urgent medical help if you experience any of the following symptoms:

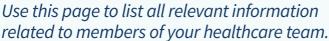
- Severe abdominal pain, with or without diarrhoea
- Fevers or chills so severe you cannot stop shaking
- Vomiting blood or passing red, black or tarry stools
- Confusion (seek appropriate advice before driving)
- New onset of jaundice (a condition in which your skin and the whites of your eyes becomes yellow)







Healthcare team



the type of management that you are receiving for your condition.

Hospital name and contact details



Consultant name and contact details				
I am on a transplant waiting list	Yes		No	
Transplant Centre name and contact details				
Transplant Coordinator contact details				
Team member	Name and co	ontact number		
Team member GP	Name and co	ontact number		
	Name and co	ontact number		
GP	Name and co	ontact number		
GP Carer/Next of kin	Name and co	ontact number	•	
GP Carer/Next of kin Specialist nurse	Name and co	ontact number	•	
GP Carer/Next of kin Specialist nurse Community nurse	Name and co	ontact number	•	
GP Carer/Next of kin Specialist nurse Community nurse Dietitian	Name and co	ontact number		

Appointments

Date/Time	Detail

Current medication

Pharmacy name and address:

Allergies:

Medication		Condition	When do		
Name	Dose	I take it for	Morning	Noon	

Prescription medicines: Medicines that have to be prescribed by your doctor and issued by a pharmacist.

Please use the table below to list ALL of the medications you are taking. These include both prescription and non-prescription.



I take it?						
		Start date	Stop date	Doctor	Special instructions	
Evening	Bed	uate	uate			

Non-prescription medicines: (also known as 'over-the-counter' medicines) – medicines that you can buy without a prescription from your doctor. These include vitamins, herbal medications, pain relief medications, dietary supplements and cough and cold medications.

Information

Work with your healthcare team to complete the information below.

Having this information to hand when attending all your appointments will help your team to understand your management objectives and work together to achieve them.

My last creatinine level was:	dd/mm/yyyy		
My varices grade is:	dd/mm/yyyy		
My dietary objectives are:			
My last ascitic drain was on:	dd/mm/yyyy		
My last ultrasound was on:	dd/mm/yyyy		
Other key measures:			
I have a diagnosis of encephalopathy	Yes	No	

Information presented within this passport does not substitute the advice of a healthcare professional.



