

Jaundice

(February 2017)

Rationale

Jaundice, which has both a biochemical (elevated bilirubin) and clinical (evidence of scleral icterus) definition, is a common condition with many causes. In some cases, early diagnosis and treatment is important for eventual desirable outcome. In certain cases, public health issues may need to be addressed.

Causal Conditions

(list not exhaustive)

- Unconjugated hyperbilirubinemia (pre-hepatic)
 - a. Overproduction (e.g., hemolysis)
 - b. Decreased hepatic uptake (e.g., congestive heart failure)
 - c. Decreased bilirubin conjugation (e.g., Gilbert syndrome, neonatal jaundice)
- Conjugated hyperbilirubinemia (hepatic)
 - a. Intrahepatic cholestasis (e.g., drugs, cirrhosis)
 - b. Extrahepatic cholestasis (e.g., cholelithiasis)
 - c. Hepatocellular injury (e.g., sepsis, hypoperfusion)
 - d. Other (e.g., infiltrative states, fatty liver)

Key Objectives

Given a patient with jaundice, the candidate will diagnose the cause, severity, and complications, and will initiate an appropriate management plan. In particular, it is important to identify life-threatening conditions.

Enabling Objectives

Given a patient with jaundice, the candidate will

- list and interpret critical clinical findings, including
 - a. results of an appropriate history and physical examination aimed at determining the underlying cause, with special attention to the presence of risk factors for infectious disease and the use of or the exposure to toxic substances;
- list and interpret critical investigations, including
 - a. radiologic and laboratory tests needed to make the diagnosis;
- construct an effective initial management plan, including
 - a. determining whether the patient requires specialized care or an urgent referral;
 - b. notifying public health authorities, if necessary.