

6 Key Messages for Family & Caregivers

Key message:	Why?	What should I look for?	What should I do?
1. Track weight every day (at the same time, naked)	Increasing weight may be a sign of fluid building up in the belly.	Monitor the change in weight from where they started.	If weight goes up by 5 pounds or more from the starting weight over 5 days, call the liver doctor to discuss a plan.
2. Look for signs of 'hepatic encephalopathy' (HE) (liver-related confusion)	HE is a treatable condition and can be a sign of serious illness.	Monitor for: Small changes: stumbling or falls, mood changes, saying or doing goofy things. Big changes: sleeping all the time and will not open eyes much, or not making any sense.	Small changes: Make sure they are hydrated, do not let them drive, and call the liver doctor. Big changes: go to the emergency room. See the handout on Managing Hepatic Encephalopathy (HE): http://www.med.umich.edu/libr/hepatology/he.pdf
3. Adjust lactulose: sometimes more is needed, sometimes less	We use lactulose to treat hepatic encephalopathy (liver-related confusion). It works by binding toxins to get rid of them in bowel movements. The amount someone needs is unique to their body.	Look for the 'small changes' above and pay attention to bowel movements. The goal is about 2-4 soft bowel movements per day.	<ul style="list-style-type: none"> • Signs of small changes above: give an extra tablespoon (20ml) of lactulose. • If there are more than 2-4 soft bowel movements per day, they should take less lactulose (that day). Cut back the amount from 1 tablespoon to ½ tablespoon (from 20ml to 10 ml), then the frequency (From 3 times to twice per day).

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			<ul style="list-style-type: none"> If there are too few bowel movements, give extra 20mL (tablespoon) lactulose, especially in the morning. Note you may have to go up (or down) each day. If several episodes of diarrhea, call the clinic.
4. Assist with what to eat	People with cirrhosis need extra nutrition and most should avoid salty food, especially people with ascites.	Know the foods that are part of a healthy diet for people with Cirrhosis. Foods should be rich in protein. Fruits and vegetables are great for vitamins. Watch the 'sodium' amount on the food labels.	See Cirrhosis Nutrition Therapy guide: http://www.med.umich.edu/libr/hepatology/cirrhosisnutritiontherapy.pdf
5. Treat pain	People with cirrhosis are sensitive to many medications.	Tylenol (acetaminophen) is safe if they take less than 2000 mg (2 grams) per day. Be careful because Tylenol is in many medications. We want you to avoid "NSAIDS": ibuprofen (Motrin, Advil) or naproxen (Aleve). Some pain medicines like naproxen or ibuprofen may cause bleeding or worsen ascites (belly fluid). Opioids cause constipation which can be bad for "HE". So, you may need to increase lactulose.	Before starting any over the counter or prescription pain medication, talk to the liver doctor.

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6. Manage medication	Many people with cirrhosis take many medications.	Always keep a list of the medications on you.	<ul style="list-style-type: none"> • Arrange medications for the week in a pill box. • The liver doctor may change the medication doses frequently. Ask for a new list from the doctor at each visit.
<p>Final note: It is very important for us to keep track of hospital stays. Please call, or have the patient call the liver management nurses if they are admitted to an outside hospital and call again once they are discharged at: 1(844) 233-0433.</p>			

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Author: Elliot Tapper MD and Patricia Bloom MD
 Edited by: Karelyn Munro, BA

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