

Track your overt hepatic encephalopathy (HE) symptoms

Overt HE is a serious condition, but with proper management, it can be controlled. That is why it is important to understand and be able to identify the signs of an HE flare-up. By paying close attention to the mental and physical symptoms of HE, you can alert a doctor before things get worse.

Whether you are a patient or a caregiver, this easy-to-use tracker can help you monitor the symptoms of HE. You'll find a month set up for you below, but you should continue to track symptoms every week between doctor's visits. Set aside a specific day each week to help you remember.

If you notice any of the symptoms below, call a doctor immediately. The next time you visit the doctor, bring this tracker with you to help your discussion.

	Week 1 Date ___/___	Week 2 Date ___/___	Week 3 Date ___/___	Week 4 Date ___/___	
Mental	Forgetfulness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Confusion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Poor judgment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Extra nervousness or excitement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Not knowing where you are or are going	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Inappropriate behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Severe personality changes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical	Breath with a musty or sweet odor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Change in sleep patterns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Worsening of handwriting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Loss of small hand movements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Movements/shaking of hands or arms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Slurred speech	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Slowed/sluggish movement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Current medications:

Medication(s): _____

Dosage: _____

Doctor contact information:

Doctor's name: _____

Phone: _____