A 54 year old man presents to the ED with abdominal pain and confusion. He is jaundiced with obvious spider nevi and asterixis He looks unwell. He is agitated, restless and hyperreflexic.His abdomen is distended and tense and generally tender. He has a fever of 38°C and his pulse is 110/min and BP 90/60.
He admits to drinking 1 litre of spirits per day, and has done since his wife died 4 years ago. He is known to the Gastroenterologists at your hospital.

You take routine bloods and resuscitate him as appropriate

His results are as follows:

Hb 9.6 (macrocytic)	Na 125	Bili 302
WBC 25.0	K 3.2	GGT 450
Platelets 56	Urea 1.3	AST 500
PT 75 secs	Creat 94	ALT 560
INR 2.3		
ABG normal		
BM 2.5		

What are the most likely diagnoses? (2)
Grade 3 Hepatic encephalopathy on background of alcoholic liver disease
Spontaneous bacterial peritonitis

Which one simple investigation would you like to carry out? (1)
Ascitic tap to rule out SBP

Excluding initial resuscitation and ABC, what treatment would you institute for this patient? (4)

Lactulose 20g bd via NG tube
Oral non absorbable antibiotics e.g. neomycin 1g PO 6 hrly
IV dextrose 10% 1litre 12 hrly plus 50ml 50% dextrose IV if BM <3.5
IV antibiotics e.g. Cefuroxime 1.5g IV plus Metronidazole 500mg IV or 1-2g Ceftriaxone
Vitamin K 10mg IV

Give 6 causes of acute liver failure in an otherwise heathly individual presenting to the ED. (3)
Paracetamol OD
Infection e.g Hep A, B, C, D, EBV, CMV
Drugs esp Halothane, TB treatment, valproate, Ciprofloxacin, aughmentin
Illicit drugs e.g. Cocaine, ecstasy
Magic Mushrooms (Amanita Pylloides)
Herbal Remedies e.g. ginseng
Salicylates e.g. reyes syndrome
Budd-Chiari and Portal vein thrombosis
Acute fatty liver of pregnancy
Carbon tetrachloride
Weils disease, Wilsons disease
Malignancy