Cork Emergency Departments Acute Pancreatitis guidelines

Date of admission: : discharge :

Patient details

Check list (tick as completed)

- ❑ IV access and adequate fluid replacement
- ❑ Bloods – simply request "**PANC**" profile (= amylase, FBC, U+E, creatinine, bilirubin, AST alk phos, LDH, calcium, albumin, glucose and CRP)
- ❑ Pulse oximetry
- ❑ Arterial blood gases
- ❑ Oxygen therapy
- ❑ Catheter and hourly urine output
- ❑ Opiate analgesia (+/- IV pump or epidural)
- ❑ Zoton Fastab to increase gastric pH
- ❑ NG tube if vomiting / nauseated
- ❑ Erect CXR
- ❑ Ultrasound scan within 48 hours, for gallstones

- ❑ **Record predicted severity score**

- ❑ Consider CVP line if severe
- ❑ IV cefuroxime if severe
- ❑ For severe gallstone pancreatitis, consider early ERCP / sphincterotomy

Predicted severity score (Modified Glasgow Score)
3 or more positive = pancreatitis predicted to be severe

AGE	>55
UREA	>16 mmol/l
GLUCOSE	>10 mmol/l
WBC	>15 x 10^9 /l
CALCIUM (uncorrected)	<2.00 mmol/l
ALBUMIN	<32 g/l
P_aO_2	<8 kPa
LDH	>600 U/l

- Repeat CRP on day 5. If > 100 mg/l on admission and not falling by day 5, consider IV contrast enhanced CT scan for possible pancreatic necrosis.
- Daily monitoring of U+E, creatinine. Regular monitoring of glucose, calcium, LFT's *only* if initially abnormal. NB daily monitoring of amylase is not necessary.
- Patients with confirmed pancreatitis should be referred to upper GI surgical team.
- Patients with necrosis who are septic should have CT guided pancreatic aspiration for microbiology. Discuss with consultant radiologist.
- IV antibiotics are indicated in pancreatic necrosis *[Cochrane]*

Test Results	**Value**
amylase	
alk phos	
albumin	
AST	
bilirubin	
urea	
creatinine	
Na^+	
glucose	
calcium (uncorrected)	
pO_2	
O_2 sats(on air)	

Aetiology	
gallstones	
alcohol	
drugs	
other	
unknown	

CRP on admission	
CRP on day 5	

Predicted severity	
SEVERE	MILD

Antibiotics	YES / NO
CT	YES / NO
ERCP	YES / NO

OUTCOME

Íomhar O' Sullivan Sept 2004