

# 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 <sup>9</sup> /l
CALCIUM (uncorrected)	<2.00 mmol/l
ALBUMIN	<32 g/l
P <sub>a</sub> O <sub>2</sub>	<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 <sup>+</sup>	
glucose	
calcium (uncorrected)	
pO <sub>2</sub>	
O <sub>2</sub> 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**