



### Scenario:

79 year old male, with history of a cholecystectomy, presented with nausea, vomiting, and myalgias that began in the morning.

**Initial Eval:** T: , P: 97.9 , R: 20, BP: 111/81, O2: 99%. Exam: upper abdominal tenderness and dry mucous membranes. **Labs:** WBC: 18.06, Anion Gap: 22.8, Creatinine: 1.87, Glucose: 364, AST: 247, ALT 115, Alk Phos: 69, Lipase: 13,976. **CT A/P:** diffuse peripancreatic fat stranding consistent with pancreatitis with small amount of free intraperitoneal fluid.

**ED Course:** Patient treated with IV Cefoxitin Sodium, IV Hydromorphone, IV Normal Saline, and IV Zofran

**Documented Principal Problem:** Acute pancreatitis

### Recommended Workflow

- C** - Consider appropriate care setting
  - Hospitalization
- A** - Ask what the principal diagnosis is?
  - Pancreatitis
- R** - Review INPT guideline first, then OBS
  - INPT criteria: MET
- E** - Enter bed status / level of care order
  - Inpatient
- D** - Document criteria in medical record

1 SEARCH

2 GUIDELINE

3 DOCUMENTATION

informed by

**Pancreatitis - INPT, Pancreatic Necrosis, Peripancreatic Fluid, Lipase** ?

Medical
Inpatient
Adult/Pediatric

GLOS: 2 days

off
 Subsequent review

**Clinical Indications for Admission to Inpatient Care** Expand All / Collapse All

Admission is indicated for **1 or more of the following** (1)(2)(3)(4)(5):(CRI1)

▼ ✔ Acute pancreatitis, ([A])([B]) as indicated by **2 or more of the following**:

- Abdominal pain
- Serum lipase greater than 3 times the upper limit of normal, or urinary trypsinogen-2 greater than 50 ng/mL ([C])(11)(12)
- Findings on imaging indicative of acute pancreatitis (eg, pancreatic inflammation, pancreatic necrosis, peripancreatic fluid collection)

▼ Pancreatitis (acute or chronic) requiring inpatient care, as indicated by **1 or more of the following** (1)(13):

- ▶  Evidence of infection (eg, Fever, peripancreatic abscess)
- ▶ Severe pain requiring acute inpatient management
- ▶ Hemodynamic instability

**CRITERIA MET** ✔

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Updated 0824 MCG 28th Ed.

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#### INPATIENT

- Acute pancreatitis, as indicated by 2 or more of the following:
  - Abdominal Pain
  - Serum Lipase >3x the upper limit of normal, or urinary trypsinogen-2 greater than 50 ng/mL
  - Findings on imaging indicative of acute pancreatitis (e.g., pancreatic inflammation, pancreatic necrosis, peripancreatic fluid collection)
- Pancreatitis (acute or chronic) requiring Inpatient care, as indicated by one or more of the following:
  - Evidence of infection (e.g., fever, peripancreatic abscess)
  - Severe pain requiring acute inpatient management
  - Hemodynamic instability
    - Tachycardia
    - Hypotension
    - Orthostatic hypotension
  - Dehydration that is severe or persistent
  - Vomiting that is severe or persistent
    - Pattern or content of vomiting suggests severe underlying cause or complication
    - Appropriate antiemetic treatment does not sufficiently reduce vomiting
    - Treatment regimen necessary to adequately control vomiting required IP level of care.
  - Acute renal failure (stage 3 acute kidney injury)
  - Acute kidney injury (stage 2)
  - Altered mental status
  - Hypoxemia
  - Severe electrolyte abnormalities requiring inpatient care

#### OBSERVATION

- Abdominal pain suspected to be of pancreatic origin
- Clinical need for care beyond emergency department time frame, as indicated by one or more of the following:
  - Vital sign abnormality\*:
    - Tachycardia
    - Hypotension
    - Orthostatic hypotension
  - Ability to maintain hydration orally unclear
  - Pain that persists despite ED treatment
  - Rise in creatinine from baseline
  - Electrolyte abnormality that persists despite ED treatment
  - Dehydration
  - Vomiting
- Criteria for acute pancreatitis not met (e.g., serum lipase not >3 x the upper limit of normal)

\*Sustained