

Clinical Scenario Pancreatitis



AdmissionCare

Scenario:

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

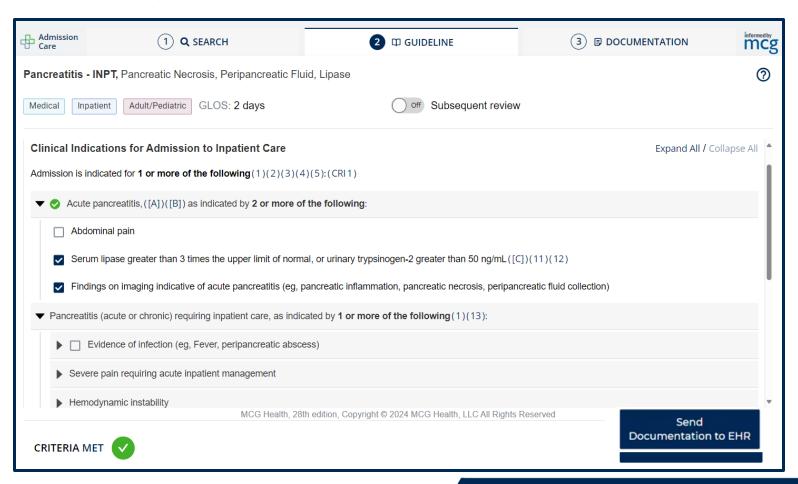
Initial Eval: T:, P: 97.9, R: 20, BP: 111/81, O2: 99%. Exam: upper abdominal tenderness and dry mucous membranes. Labs: WBC: 18.06, Anion Gap: 22.8, Creatinine: 1.87, Glucose: 364, AST: 247, ALT 115, Alk Phos: 69, Lipase: 13,976. CT A/P: diffuse peripancreatic fat stranding consistent with pancreatitis 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: MFT
- E Enter bed status / level of care order
 - Inpatient
- D Document criteria in medical record









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INPATIENT

Y 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 sufficiency 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
- 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
 - ☐ 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

*Sustained







