



Acute Pancreatitis Pathway.



Provisional diagnosis	
Duration of previous hospitalization (if any)	
Previous lab investigations if any	

CO-MORBIDS	<input type="checkbox"/> Hypertension	<input type="checkbox"/> AF	<input type="checkbox"/> COPD
	<input type="checkbox"/> Type 2 Diabetes Mellitus	<input type="checkbox"/> Anticoagulation	<input type="checkbox"/> CLD
	<input type="checkbox"/> CAD	<input type="checkbox"/> CKD	<input type="checkbox"/> Recent Surgery

History and examination

- Acute epigastric pain/Diffuse abdominal pain
- Nausea and vomiting
- Dyspnoea
- Fever
- H/o gall stone
- H/o alcohol intake
- Family h/o pancreatitis
- Previous h/o pancreatitis
- H/o abdominal trauma
- H/o recent abdominal surgery/procedure
- H/o recent febrile illness
- Abdominal tenderness/guarding
- Jaundice
- Haemodynamic instability

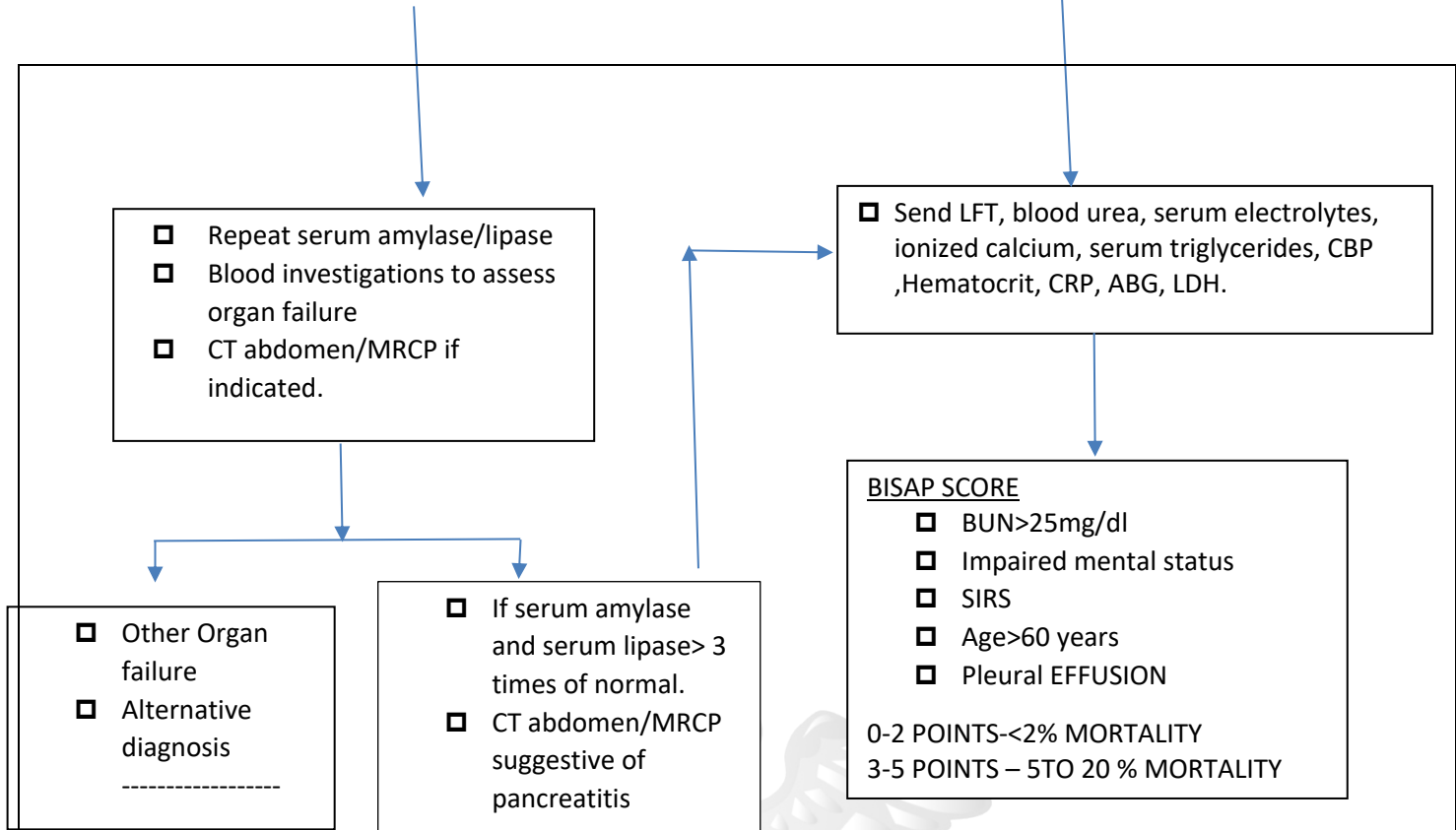
- H/o acute pain abdomen
- Serum amylase/Serum lipase >3 times the upper limit
- USG abdomen/CT abdomen suggestive of acute pancreatitis

- If only one of above is positive

- If >1 one of above is positive

- Hospital admission and observation

- Provisional diagnosis of Acute Pancreatitis.



MODIFIED MARSHALL SCORING SYSTEM to assess ORGAN FAILURE					
Organ failure	score				
	0	1	2	3	4
Resp. (pao2/fio2)	>400	301-400	201-300	101-200	<100
Renal (s.creatnine)	<1.4mg/dl	1.4-1.8mg/dl	1.9-3.6 mg/dl	3.6-4.9 mg/dl	>4.9mg/dl
Cardiovascular (SBP)	>90 mm of hg	<90 mm of hg ;fluid responsive	<90 mm of hg; not fluid responsive	<90 mm of hg; ph<7.3	<90 mm of hg;ph<7.2

A score of 2 or more in any system defines the presence of organ failure. Scoring in preexisting CKD depends on extent of deterioration over baseline renal function.

REVISED ATLANTA CLASSIFICATION

□ MILD ACUTE PANCREATITIS

- NO ORGAN FAILURE
- NO LOCAL OR SYSTEMIC COMPLICATIONS

□ MODERATELY SEVERE ACUTE PANCREATITIS

- ORGAN FAILURE THAT RESOLVES IN 48 HOURS
- LOCAL OR SYSTEMIC COMPLICATIONS WITHOUT PERSISTENT ORGAN FAILURE.

□ SEVERE ACUTE PANCREATITIS.

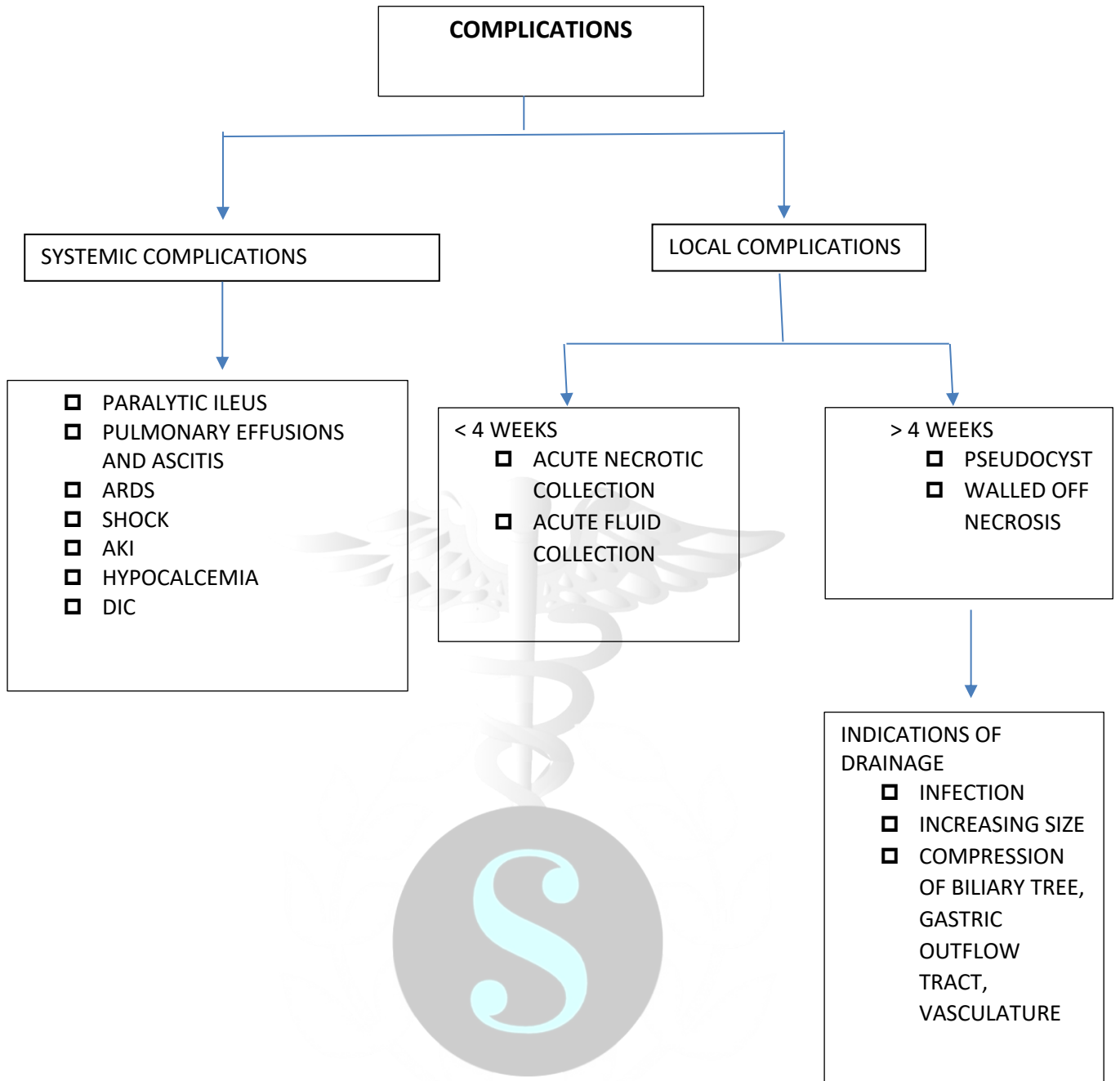
- SINGLE ORGAN FAILURE.
- MULTIPLE ORGAN FAILURE

MANAGEMENT

- Fluid resuscitation
- Analgesia
- Nutrition (orally if tolerated, otherwise by RT)
- Treat etiology ,eg.ERCP if cholangitis.
- Continuous monitoring to assess progression to severe disease.

MODERATELY SEVERE & SEVERE DISEASE

- Admit in ICU.
- CECT at 48 hours after onset of symptoms to identify local complications.



ICU Days	EVENTS / SUPPORTS				
1	<input type="checkbox"/> MV	<input type="checkbox"/> RRT	<input type="checkbox"/> Vasopressors	<input type="checkbox"/> Organ dysfunction	<input type="checkbox"/> Others
2	<input type="checkbox"/> MV	<input type="checkbox"/> RRT	<input type="checkbox"/> Vasopressors	<input type="checkbox"/> Organ dysfunction	<input type="checkbox"/> Others
3	<input type="checkbox"/> MV	<input type="checkbox"/> RRT	<input type="checkbox"/> Vasopressors	<input type="checkbox"/> Organ dysfunction	<input type="checkbox"/> Others
4	<input type="checkbox"/> MV	<input type="checkbox"/> RRT	<input type="checkbox"/> Vasopressors	<input type="checkbox"/> Organ dysfunction	<input type="checkbox"/> Others
5	<input type="checkbox"/> MV	<input type="checkbox"/> RRT	<input type="checkbox"/> Vasopressors	<input type="checkbox"/> Organ dysfunction	<input type="checkbox"/> Others
6	<input type="checkbox"/> MV	<input type="checkbox"/> RRT	<input type="checkbox"/> Vasopressors	<input type="checkbox"/> Organ dysfunction	<input type="checkbox"/> Others
7	<input type="checkbox"/> MV	<input type="checkbox"/> RRT	<input type="checkbox"/> Vasopressors	<input type="checkbox"/> Organ dysfunction	<input type="checkbox"/> Others
>7 days Course of illness					

Outcome

- I. APACHE II/IV Score: _____ 2. SOFA Score at the time of admission: _____ , 48hr: _____
 at the time of transfer out / LAMA / Discharge: _____ 3. Length of ICU Stay: _____
 4.Length of Hospital stay: _____
- II. Organ Failure : AKI Liver failure Coagulopathy Encephalopathy
Myocardial Dysfunction CIPNM MV dependent
- III. Renal replacement therapy _____ day from CRRT / SLED
- IV. MV _____ duration Prone ECMO Tracheostomy
- V. Outcome: Death Survived (Discharged from ICU / Transfer out to stepdown / HDU/
 Room) LAMA

Ambulated Bed ridden (with support / without support)

Doctor Name: _____, Sign: _____

SPARSH CRITICAL CARE

Author	Supervised by	Version/Date	Review Date
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