

1. References (may be viewed at www.tagpeoria.org)
 - A. Diagnosis and Stratification Of Patients With Acute Pancreatitis Guideline
 - B. Management Of Patients With Acute Pancreatitis Guideline
 - C. Definitions In Acute Pancreatitis
 - D. Bibliography For Acute Pancreatitis Guideline

2. Severity Criteria Present On Admission (Ref. A)
 - Number Ranson Criteria on admission (Ref. C) = _____ (fill in blank)
 - CRP level on admission = _____ (fill in blank)
 - Not applicable because symptoms present < 48 hours
 - Presence of “acute organ failure” (Ref. A) :
 - Yes
 - No
 - APACHE II score on admission = _____ (fill in blank IF calculated)

3. Admit To:
 - General medical/surgical unit (recommended for “mild” acute pancreatitis, Ref. B)
 - Intermediate medical/surgical unit
 - Intensive care unit (recommended for “severe” acute pancreatitis, Ref. B)

4. Diet:
 - NPO except sips H2O with oral meds
 - NG tube to low-intermittent suction (recommended only if persistent nausea/vomiting or ileus, Ref. B)
 - IV fluid: _____ @ _____ ml/hr.

5. Diagnostic Studies: (on admission IF not completed in the ED or outpatient office)
 - Day of Admission (Ref. A):
 - CBC with differential
 - CMP (if BMP performed prior to admit, add Hepatic Function Panel to blood already drawn)
 - LDH level
 - Amylase and Lipase levels
 - Acute Abdominal Series
 - Abdominal Sonogram
 - CRP level (recommended on admission only if symptoms present \geq 48 hours)
 - Triglyceride level (non-fasting; recommended only if no other etiology for pancreatitis found)
 - Other: _____

Note: CT scan NOT recommended on admission unless clinical diagnosis of pancreatitis is uncertain.

- Days 1 & 2 After Admission: (studies needed to determine clinical criteria for “severe” acute pancreatitis, Ref. B)
 - CMP or Renal Function Panel (circle one)
 - CBC or Hgb/Hct (circle one)
 - Pulse Oximetry or ABG (circle one)
- If ABG ordered above, indicate if on: Room Air or O₂ (circle one)
 - CRP level
 - Amylase level (daily Lipase levels not recommended)
 - Other: _____

Note: CT scan recommended for patients who meet criteria for severe acute pancreatitis, but not until \geq **hospital day 3**. (Ref. B)

Physician Signature

Date

6. Consultations (Please complete separate consult request form):

- General surgery (recommended for ALL patients with gallstone pancreatitis, “mild” or “severe”, Ref. B)
- Gastroenterology (recommended for ALL patients with “severe” pancreatitis, and patients with “mild” pancreatitis if dilated common bile duct on sonogram or clinical signs of ascending cholangitis, Ref. B)

7. Other:

Physician Signature

Date