

ACUTE PANCREATITIS PRACTICE GUIDELINE

SUBSEQUENT DAY INPATIENT FLOOR PROTOCOL

DAY # _____ ORDERS

1. Condition: Good Fair Poor
2. Vital Signs: Every shift
3. IV: 1000 mL Normal saline at 100 mL/hour
4. Diet: NPO
5. Activity: As tolerated
6. Pain Control: Morphine sulfate 10 mg. every 3 hours subcutaneously or I.V. prn pain
7. Labs:
 - None
 - _____ (Follow-up amylase & lipase not needed no value in monitoring pancreatitis)
8. Radiology:
 - None
9. Other: _____
10. Other: _____

DISCHARGE DECISION MAKING

1. Pain assessment score: _____ out of 10
2. a) Is patient hungry?
- b) Does patient have active bowel sounds?
- NO to either question -> Continue NPO and observe for 24 hours
- YES to BOTH questions -> Begin intake with water as desired for 8 hours.
If tolerated, begin clear liquids & plan discharge the following morning.

Physician Signature _____ Date _____ Time _____

PROHIBITED ABBREVIATION	REQUIRED TERM	PROHIBITED ABBREVIATION	REQUIRED TERM
ug	Write Microgram	1.0	Write 1. Do not use zero after decimal point
qd, q.d.	Write Daily	Zero after decimal point	
qod	Write Every Other Day or Every 48 hrs	MS	Write Morphine
U or u	Write Units	MgSO ₄ , MSO ₄	Write Magnesium sulfate or Morphine sulfate
.5	Write 0.5 - make sure you use preceding 0	IU	Write International units
No zero before decimal point		OS, OD, OU	Write Left or right eye or both eyes
		AS, AD, AU	Write Left or right ear or both ears



ST. VINCENT CHARITY
MEDICAL CENTER

2351 EAST 22ND STREET
CLEVELAND, OH 44115
stvincentcharity.com

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PATIENT LABEL



MR.ORDER

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