

ACUTE PANCREATITIS PRACTICE GUIDELINE

DAY #1 INTENSIVE CARE UNIT PROTOCOL

PHYSICIAN DECISION MAKING INFORMATION - SEE BACK

Date	Time	Complete top portion with each Level of Care change. Indicate order with a Check Mark.
		<input type="checkbox"/> Outpatient Procedure: _____ (procedure) for _____ (medical reason).
		<input type="checkbox"/> Place in Outpatient Observation Services for _____ (medical reason).
		<input type="checkbox"/> Admit as Inpatient for _____ (medical reason).
Physician Signature: _____		

DAY #1 ORDERS

- Admit to ICU with diagnosis - Acute Severe Pancreatitis: DR. _____
- Condition: Good Fair Poor
- Vital Signs: Every 1 hour
- Arterial blood gas determination
- Oxygen @ 2L/min via nasal cannula or by _____% Ventimask to maintain pulse oxygen above 95%
- IV: Normal saline at 200 mL/hour
- I&O: Reassess every 4 hours and adjust IV to maintain urine output greater than 40 mL/hour
- Diet: NPO
- Activity: As tolerated
- Pain Control: Morphine sulfate _____mg. every 3 hours subcutaneously or I.V. prn pain
 Other: _____

- Subcutaneous heparin 5000 units BID
- SCD Stockings
- Control of vomiting: Insert NG tube ONLY IF patient has persistent vomiting
- Labs: CBC, CMP, triglycerides & serum osmolarity (NOTE: Follow-up not needed. Amylase & lipase no value in monitoring severity or resolution of pancreatitis)
- Radiology: CXR & Ultrasound of the abdomen for gallstones, biliary dilatation and/or pancreatic edema (if not done in ER)
- Other: _____
- Other: _____

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



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MR.ORDER

SVPOD-144 (Rev. 12/08)

PATIENT LABEL

**ACUTE PANCREATITIS PRACTICE GUIDELINE
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PHYSICIAN DECISION MAKING INFORMATION

Most probable etiology of pancreatitis

- Alcohol
- Gallstones (consider if AST greater than 150 IU/L)
- Hypercalcemia
- Hypertriglyceridemia
- Medication
 - Metronidazole Tetracycline Estrogen Furosemide
 - Sulfonamide 5 - ASA Sulfasalazine Salicylates
 - Azathioprine Sulindac Valproic Acid
- Other

SEVERITY OF ILLNESS DECISION MAKING

1. Pain assessment score: _____ out of 10
2. Does patient have active bowel sounds? Yes No
3. Ranson's criteria (at 24 hours):
 - Hematocrit decrease greater than 10%
 - Serum calcium less than 8 mg/dl
 - BUN increase greater than 5 mg/dl
 - Arterial O₂ tension less than 60 mm/hg
 - Base deficit greater than 4 meq/L
 - Estimated fluid retention greater than 6 liters

TOTAL RANSON'S CRITERIA (Initial + 24 hours): _____

Mortality: 0 - 2 = 0%
 3 - 4 = 7.5%
 5 - 6 = 18%
 greater than 6 = 33%

Physician Signature _____ Date _____ Time _____