PANCREATITIS ACUTE - SS

NURSING
REMINDER**:** For patients with mild acute pancreatitis, and patients recovering from acute pancreatitis who are ready to resume feeding, consider the use of oral nutrition Evidence
☐ Insert post-pyloric feeding tube
☑ Provide pancreatitis education to patient/family regarding:
- Activity limitations
- Alcohol intake
- Diet

IV FLUIDS
☐ Interrupt current IVF and give Sodium Chloride 0.9% 1,000 mL + Thiamine 100 mg/L, Folic acid 1 mg/L, and 10 mL MVI/L IV to run at 150 mL/Hr x 1 liter then resume current IVF.

MEDICATIONS
Endocrine medications: Steroids Evidence
☐ Hydrocortisone (Solu-CORTEF) 50 mg IV Push Q 6 Hrs

Other medications
☐ Folic Acid 1 mg Po daily. Hold if patient getting folic acid in IV fluids
☐ Thiamine 100 mg Po daily. Hold if patient getting thiamine in IV fluids
☐ Multivitamin with minerals (Theragran-M) 1 Tab Po daily. Hold if patient getting MVI in IV fluids

REMINDERS
REMINDER: Critically ill adult patients without a contraindication to anticoagulation should receive VTE prophylaxis with LDUH or an LMWH Evidence
REMINDER: For critically ill adult patients who are at high risk for bleeding, VTE prophylaxis with graduated compression stockings should be used until the risk of bleeding has diminished Evidence

Other medications:_____

***All labs/diagnostics will be drawn/done routine now unless otherwise specified**

LABORATORY - Hematology
☐ Complete blood cell count (CBC)
☐ Complete blood cell count (CBC) - In AM

LABORATORY - Chemistry
☐ Basic metabolic panel (BMP)
☐ Basic metabolic panel (BMP) - In AM
☐ Chemistry Panel Comprehensive (CMP)
☐ Chemistry Panel Comprehensive (CMP) - In AM
☐ Calcium Evidence
☐ Calcium -In AM Evidence
☐ C-reactive protein (CRP) high-sensitivity
☐ C-reactive protein (CRP) high-sensitivity - In AM Evidence
☐ Hepatic function panel (LFT)
☐ Hepatic function panel (LFT) - In AM
☐ Amylase
☐ Amylase - In AM
☐ Lipase
☐ Lipase - In AM
☐ Lipid Profile (LPP)
☐ Lipid Profile (LPP) - In AM

☐ Magnesium (MG)
☐ Magnesium (MG) - In AM
☐ Phosphorus level
☐ Phosphorus level - In AM

LABORATORY - Toxicology
☐ Alcohol (Ethanol) level - In AM

DIAGNOSTICS - Radiology
REMINDER: American College of Radiology Appropriateness Criteria for acute pancreatitis Evidence
☐ Radiograph, abdomen KUB, AP: Reason for exam; PANCREATITIS
☐ Radiograph, abdomen, complete, with decubitus and/or erect views: Reason for exam;PANCREATITIS
☐ Radiograph, abdomen series, with chest, 1 view: Reason for exam; PANCREATITIS
☐ Chest X-Ray 1 view: Reason for exam; PANCREATITIS
☐ Chest X-Ray 2 views: Reason for exam; PANCREATITIS
☐ Radiograph, ERCP: Reason for exam; PANCREATITIS

DIAGNOSTICS - CT
☐ CT, abdomen and pelvis, with and without contrast; Reason for exam; PANCREATITIS Evidence
☐ CT, abdomen and pelvis, with contrast: Reason for exam; PANCREATITIS
☐ CT, abdomen and pelvis, without contrast: Reason for exam; PANCREATITIS Evidence

DIAGNOSTICS: MRI
☐ MRI, abdomen, with and without contrast; Reason for exam; PANCREATITIS Evidence
☐ MRI, abdomen, without contrast; Reason for exam; PANCREATITIS Evidence

DIAGNOSTICS - Ultrasonography
☐ Ultrasound, abdomen, complete Reason for exam; PANCREATITISEvidence
☐ Ultrasound, abdomen, limited (right upper quadrant) Reason for exam; PANCREATITIS Evidence

MD CONSULTS
REMINDER: Consider Specialty Referral Gastroenterology Evidence, General Surgery Evidence, Interventional Radiologist Evidence
☐ Consult MD _____
☐ Consult MD _____
☐ Consult MD _____

REQUESTS FOR SERVICE
☐ Consult Nutritional Services
☐ Consult Case Management
☐ Consult Social Services