PANCREATITIS PASSPORT AND ACTION PLAN

This patient has a known history of pancreatitis, and the current document is endorsed by the pancreas provider below. Please do not hesitate to contact her/him to discuss the pancreatitis action plan.

All information/suggestions contained in this form are not intended to replace the judgement of the treating physician

Patient Name:	**Diagnosis:** ☐ Acute Recurrent Pancreatitis ☐ Chronic Pancreatitis
DOB:	
Pancreatic Care Provider:	**Contact:**

PANCREATITIS HISTORY

Brief History of Pancreatitis (1st episode, triggers, genetic/anatomic risk factors, surgeries/procedures, pancreatic insufficiency):

Patient-Specific Acute Treatment/Medication Considerations:

Other Medical Problems/Allergies:	**Meds:**

PANCREATITIS ACTION PLAN AND RESOURCES

INFORMATION/SUGGESTIONS IN THIS FORM ARE BASED ON EVIDENCE AND EXPERT OPINION AT THE TIME OF CREATION AND NOT INTENDED TO REPLACE FUTURE MEDICAL ADVANCES OR THE JUDGEMENT OF THE TREATING PHYSICIAN

Workup

☐ **Labs to consider:** CBC, CMP, Lipase/Amylase, Triglycerides. Chronic pancreatitis patients may not have lipase/amylase levels that reach 3x upper limit of normal.

☐ **Imaging:** Complete Abdominal Ultrasound; Consider MRCP or CT Abd w/ contrast if concerned for pancreas complications

- Assess for fluid collection, biliary obstruction and consider transfer to pancreas center if present

☐ **Signs/symptoms of organ dysfunction:** hypotension, capillary refill, oliguria, metabolic acidosis, elevated Cr, elevated bilirubin, elevated LFTs, thrombocytopenia, cyanosis/pulmonary edema

Treatment

☐ **Aggressive fluid resuscitation:** 20 ml/kg (max 1L) IV fluid bolus and assess if additional fluid bolus is needed based on heart rate, capillary refill estimated fluid deficit.

- Once intravascular fluid euvolemia, decrease to maintenance IV fluid rate.
- Monitor for fluid overload (pulmonary edema, heart failure)

☐ **Pain Control:** Pancreatitis can be incredibly painful. Analgesia management should be prompt and adjusted as needed to control pain, including the use of opioids when appropriate. Pain exacerbation episodes can occur without macroscopic pancreatic inflammation.

- If mild pain and tolerating PO, avoid narcotic medications.
- Opioid-sparing: Acetaminophen 15mg/kg, ibuprofen 10mg/kg, ketorolac 0.5mg/kg. Avoid NSAIDs with elevated Cr.
- Uncontrolled pain: Opiates are commonplace in CP management and often used as adjuncts to opioid-sparing medications. Recommend judicious, but prompt, use of opiates for pain relief.

☐ **Nutrition:** Regular diet OK if patient has appetite, is not vomiting, and pancreatitis not caused by hypertriglyceridemia. NPO in the short term if moderate/severe pancreatitis, if ileus or other contraindications for enteral feeding.