PROPOSED ALGORITHM FOR MANAGEMENT OF ACUTE PANCREATITIS

Clinically suspected Acute Pancreatitis: Severe upper abdominal pain & elevated pancreatic enzymes

- Elevated LFTs
  - Biliary Pancreatitis: Consult HPB surgery

- Normal LFTs

1. Organ failure (OF): Modified Marshall Score (MMS)*
2. IV contrast Abdominal CT (if Creat <1.5mg/dL)/or Abdominal - MRI

Parenchymal Necrosis >30% +/-
- Parenchymal Necrosis <30% +/- OF
- No Necrosis or OF

Red Patient = Severe
- Admission to HPB surgery
- Consult TSI for MMS >1

Yellow Patient = Moderate
- Admission to medicine/ Family Med
- Consult MICU for MMS >1
- Notify HPB surg (re-evaluation)

Green Patient = Mild
- Admit medicine or d/c on ED discretion
- Consider f/u in HPB clinic

* Modified Marshall Calculator for organ failure:
https://qxmd.com/calculate/calculator_376/modified-marshall-score

In-house HPB

Communication domain via Tiger Connect: Liver & Pancreas (HPB) Surgery Resident/APP

HPB Out-Patient Clinic Appointments (temporary - pending established ad-hoc pathway):
Lynn Saavedra (Cancer center HPB program nurse navigator): LynnSaavedra@salud.unm.edu

Criteria for Organ Failure
Based on Marshall Scoring System

<table>
<thead>
<tr>
<th>ORGAN SYSTEM</th>
<th>SCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respiratory (PaO2/FiO2)</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Renal (Serum Creatinine, δ)</td>
<td>&gt;1.9 - δ3.5</td>
</tr>
<tr>
<td>Cardiovascular (SBP, mm Hg)</td>
<td>&gt;90, fluid responsive</td>
</tr>
</tbody>
</table>