## Acute Pancreatitis

**ACG Guideline Highlights**

### Diagnosis and Initial Assessment

<table>
<thead>
<tr>
<th>Ultrasound</th>
<th>Reserve CT</th>
<th>Risk factors for severe disease:</th>
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</thead>
</table>
| Patients with acute pancreatitis (AP). | for uncertain diagnosis or failure to improve in 48-72 hours. Consider repeat US, MRI, and/or endoscopic US for idiopathic AP. | • SIRS  
• High/rising BUN  
• High/rising HCT  
• Obesity  
• Extra-pancreatic collections, pleural effusions or infiltrates  
• Altered mental status  
• Older age and comorbidities |

### Etiology

<table>
<thead>
<tr>
<th>In absence of gallstones or ETOH use, evaluate serum triglyceride level (&gt;1000 mg/dL, more suggestive)</th>
<th>Concern for pancreatic tumor is highest for those aged 40+ with no clear etiology of AP</th>
<th>CCY recommended in those with 2nd episode of AP with no cause.</th>
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</thead>
<tbody>
<tr>
<td>The most common etiologies of AP are gallstones (40-70%) and alcohol (25-33%).</td>
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### Management

<table>
<thead>
<tr>
<th>Fluids</th>
<th>Antibiotics</th>
<th>Feeding</th>
<th>Procedures and Surgery</th>
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</thead>
<tbody>
<tr>
<td>Monitor patient closely the first 6-12 hours while checking vitals, BUN/HCT to assess fluid needs. LR preferred</td>
<td>No antibiotics unless concern for infection.</td>
<td>In mild disease, early oral feeding with low fat solid diet (within 24-48 hours) as tolerated. Avoid parenteral nutrition if possible</td>
<td>ERCP within 24 hours if complicated by cholangitis. Consider rectal indomethacin, pancreatic duct stent, and hydration to avoid post ERCP pancreatitis.</td>
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<tr>
<td>Moderately aggressive hydration is most important the first 6-12 hours.</td>
<td>If infected necrosis is suspected (typically after 10-14 days), use antibiotics that can penetrate: (1) Carbapenems (2) Quinolones (3) Cephalosporins (4) Metronidazole</td>
<td>In moderately severe or severe disease consider NG for enteral feeding (NG&gt;NJ preferred)</td>
<td>CCY preferably before discharge in mild acute biliary pancreatitis.</td>
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<tr>
<td>Moderately aggressive hydration is of little benefit after 24-48 hours—continue to monitor the patient closely during this time.</td>
<td></td>
<td>Add small peptide-based medium chain TG oil for tolerance</td>
<td>In stable pancreatic necrosis—wait 4-6 weeks for surgical, radiological, and/or endoscopic interventions.</td>
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</tbody>
</table>

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**US** = ultrasound  
**MRI** = magnetic resonance imaging  
**BUN** = blood urea nitrogen  
**HCT** = hemoglobin  
**SIRS** = systemic inflammatory response  
**ETOH** = ethanol / alcohol  
**NG** = nasogastric  
**NJ** = nasojejunal  
**CCY** = cholecystectomy  
**ERCP** = endoscopic retrograde cholangiopancreatography

Acute Pancreatitis citation Tenner, Scott MD, MPH, JD, FACC; Vege, Santhi Swaroop MD, MACG; Sheth, Sunil G, MD; Sauer, Bryan MD, MSci, FACC; Yang, Allison MD, MPH; Darwin L. Conwell, MD, MSc, FACC; Yadlapati, Rena H. MD, MHS, FACC; and Gardner, Timothy B. MD, FACG. American College of Gastroenterology Guidelines: Management of Acute Pancreatitis. The American Journal of Gastroenterology 119(3): p 419-437, March 2024. | DOI: 10.14309/ajg.0000000000002645

**READ THE GUIDELINE:** bit.ly/acg-acute-pancreatitis