MANAGEMENT OF ACUTE PANCREATITIS
A Closed Audit Loop

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Objectives
To audit management of acute pancreatitis through standard criteria determined by the UK Guidelines for management of acute pancreatitis.

Key points from the BSG guidelines are shown in italics below.

Methods
Retrospective data was collected from Surgical Patients in the Horton Hospital over two periods, from April 2009 to March 2010, and April 2010 to December 2010, before and after the introduction of the Acute Pancreatitis Proforma, based on the BSG Guidelines.

Appropriate patients were identified using the internal hospital databases, and data regarding investigations and management was collected using PACS Imaging Software, electronic and paper notes.

Results

<table>
<thead>
<tr>
<th>Patient Demographics</th>
<th>APR ’09 – MAR ’10</th>
<th>APR ’10 – DEC ’10</th>
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</thead>
<tbody>
<tr>
<td>n</td>
<td>46</td>
<td>40</td>
</tr>
<tr>
<td>♂ : ♀</td>
<td>59 : 41</td>
<td>53 : 47</td>
</tr>
<tr>
<td>% patients ≥ 55y</td>
<td>43</td>
<td>45</td>
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</tbody>
</table>

Severity Stratification on admission
Attempt to grade severity on all patients within 48hrs. Severe disease can be predicted within 24hrs of admission using clinical assessment, estimation of BMI>30, presence of pleural effusion and the APACHE II score.

Conclusion
The introduction of the Acute Pancreatitis Proforma has led to some improvement in the diagnosis and management of acute pancreatitis in this small district general hospital. However, severity stratification on admission is still inadequate according to the BSG guidelines.

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References
UK Guidelines for the management of acute pancreatitis. GUT 2005; 54; 1-9
William et al. APACHE II: A Severity of Disease Classification. Critical Care Medicine. 1989 Vol 13 No 10