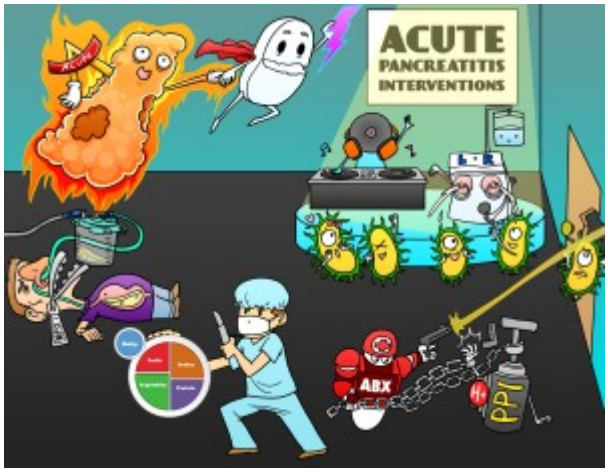
Acute Pancreatitis Interventions

Acute pancreatitis is the inflammation of the pancreas with severity depending on the extent of pancreatic destruction. Goals of care are to monitor for changes in vital signs that can indicate the life-threatening emergency of shock, assess for changes in LOC related to alcohol withdrawal, relieve abdominal pain, minimize pancreatic stimulus by diet changes to reduce secretions, correct fluid and electrolyte imbalances, prevent or treat infection, and determine and eliminate the precipitating cause of the acute episode.



PLAY PICMONIC

NPO with NG Tube to Suction
NPO-zipper-mouth with Nose-stomach Tube
This is done to reduce or suppress pancreatic enzymes to decrease stimulation of the pancreas and allow for rest. NG set to suction helps reduce vomiting and gastric distention and prevents gastric acidic contents from entering the duodenum. A major complication of pancreatitis is paralytic ileus. Patients with severe pancreatitis who cannot resume oral intake may be supported with enteral nutrition, such as through a jejunostomy tube or a nasogastric tube. TPN is sometimes used for very severe cases.

Pain Management
Pain-pill-hero
Opioids are often used for acute pancreatitis. Pain medications can be given with an antispasmodic agent; however, atropine and other anticholinergic drugs should be avoided in the presence of a paralytic ileus due to its effects of decreasing GI mobility. Place the patient in a position of comfort, typically on side with legs drawn to chest.

Albumin
Album-man
Albumin is a plasma volume expander, which is often given in the presence of shock to help replace blood volume.

Lactated Ringers Solution
Lactating Rings
Lactated Ringer’s solution or other electrolyte solutions are given as part of an aggressive hydration treatment plan to help correct fluid and electrolyte imbalances. In patients with persistent hypotension, vasoactive drugs such as dopamine may also be used to increase systemic vascular resistance. The replacement of calcium and magnesium may also be needed.

Proton Pump Inhibitor (PPI)
Proton Pump with Inhibiting-chains
Proton pump inhibitors work by decreasing hydrochloric (HCl) acid secretion, as HCl acid stimulates pancreatic activity. A common PPI prescribed is omeprazole (Prilosec).

Antibiotics
ABX-guy
In the presence of necrotizing pancreatitis, patients often develop infection as the inflamed and necrotic pancreatic tissue is a good medium for bacterial growth. Administer antibiotics as prescribed.

Surgery
Surgeon
Acute pancreatitis related to gallstones requires an endoscopic retrograde cholangiopancreatography (ERCP) plus endoscopic sphincterotomy. This can be followed by laparoscopic cholecystectomy to prevent reoccurrence.

Nutrition
Nutritional-plate
It is important to stay properly nourished to aid with recovery. When able to eat, small, frequent high carbohydrate, high protein, low fat meals should be consumed. To avoid irritation, consume bland foods with no spices and avoid GI stimulants, such as caffeine or alcohol.

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