Pancreatitis	
PowerPlan	Acute Pancreatitis Plan, Acute Pancreatitis Critical Care Plan, ED Pancreatitis Plan, GI Pancreatitis Labs Plan
Presentation	**Epigastric abd pain** w/band-like pain to back, fever, **N/V**, ileus, jaundice/clay-colored stools
Diagnostic Criteria	At least 2 out of 3: Abdominal pain (see above) + Amylase or lipase > 3 ULN, imaging compatible w/ pancreatitis (U/S, EUS, MRI/MRCP)
Workup	Chem10, **amylase/lipase** (lipase rises earlier, elevated for longer, more specific), **lipids**, albumin, glucose, LFTs. ALT > 3x ULN has >95% PPV for gallstone pancreatitis
Pathophys	Congenital anomalies (e.g. **choledochal cys**t, pancreatic divisum), infectious (**mumps, mycoplasma**, coxsackie, influenza, salmonella, GNRs), drugs (**valproic acid,** L-asparaginase, steroids), systemic dz (**CF w/pancreatic sufficiency**, lupus, RA, HUS, Kawasaki, IBD), metabolic (**hyperlipoproteinemia**, hyperCa, DM), EtOH and gallstones (less common), BAT (e.g. handlebar injury), genetic (SPINK1) 10% will have recurrence.
Treatment	NPO (PO once no n/v), NS bolus(es), 1.5x mIVF (consider LR if Ca wnl), nausea control (Zofran), acid blockade (IV pantoprazole), pain control (morphine, ketorolac, acetaminophen) Admit to ICP if obese, hypertriglycidemia, diabetic, severe abd pain, or difficulty performing reliable serial exams. ICU if HD unstable.
Complications	SIRS, ARDS, Pseudocytst (RUQ US Abd), abscess, pleural effusion (CXR)

Liver Enzymes		
Pattern	**Lab Findings**	**Ddx**
Hepatocellular	↑ AST & ALT >> ↑ GGTP, alk phos, bilirubin	• Viral infxn (HepA, CMV, EBV, VSV, HSV) • Meds/toxins • Shock (LDH also high) • Autoimmune hepatitis • Steatosis • Celiac Dx • Hemochromatosis (↑ ferritin) • A1AT • Wilson's Dz (↓ ceruloplasmin) • EtOH (2:1 AST: ALT)
Cholestatic	↑ Alk-Phos, GGTP & Direct Bili >> AST, ALT	• Bile duct obstruction/ abnormalities • Infectious Hepatitis • Cirrhosis • Meds/toxins (anabolic steroids, amox/clauv, erythromycin, bactrim, TPN) • PBC/PSC • A1AT • Alagille syndrome • Inborn errors of metabolism
Infiltrative	↑ Alk-Pho with nml bili (send GGT to determine if from liver or bone)	• Granulomatous Dz (sarcoid, Tb) • Amyloidosis • HCC, mets to liver