**SUPPLEMENTAL DIGITAL CONTENT**

**Sample Acute Pancreatitis Admission Order Set**

**Vital signs**

[ ] q4 hrs

[ ] q2 hrs if high risk for fluid shifts and/or clinical instability

[ ] Continuous pulse oximetry while receiving intravenous fluids and if on PCA

**Intake/Output**

[ ] Strict monitoring, q4 hrs (for the first 48 hours, while on high volume IV fluids, or if abnormal)

**Anthropometrics**

[ ] Weight on admission

[ ] Height/length on admission

[ ] Head circumference on admission for < 3 years old

[ ] Daily weights

**DVT Prophylaxis**

[ ] Encourage out of bed and early ambulation

[ ] Initiate institution appropriate non–pharmacologic protocol within 24 hrs of admission

**Incentive Spirometry**

[ ] Initiate age appropriate and institution appropriate incentive spirometry within 24 hrs of admission if there is a component of respiratory compromise

**Notify MD**

[ ] Urine output calculated per shift < 1 cc/kg/hr

[ ] Abnormal vital signs or desaturations per age per hospital policy

[ ] To reassess patient at the end of every fluid bolus

**Diet**

[ ] Clear liquid diet for six hours; if tolerated then advance to PO ad lib regular diet

[ ] Consider NG/NJ tube feedings if not beginning to tolerate adequate PO feeds after 48 hrs

[ ] Consider TPN if no enteral nutrition for >5 days

[ ] NPO in cases when feeding is contraindicated (e.g. pancreatic duct disruption, intestinal obstruction, or ileus)

**Fluids**

[ ] 20 cc/kg of IV Normal Saline or Lactated Ringers bolus

[ ] IV Dextrose 5% Normal Saline or Lactated Ringers at 1.5-2x maintenance, max rate of 150 ml/hr

**Analgesia**

[ ] PO Acetaminophen: 15 mg/kg/dose q6 hrs to a maximum single dose of 650 mg (1st line for mild to moderate pain)

[ ] IV acetaminophen: 15 mg/kg/dose q6 hrs to a maximum single dose of 750 mg (< 50 kg) or 1000 mg (> 50 kg) (1st line for mild to moderate pain)

[ ] PO ibuprofen (if normal BUN/Cr): 10 mg/kg/dose q6 hrs to a maximum single dose of 800 mg (1st line for mild to moderate pain)

[ ] IV ketorolac (if normal BUN/Cr): 0.5 mg/kg q6 hrs with maximum single dose of 30 mg per dose. Do not exceed 72 hrs continuous (1st line for mild to moderate pain)

[ ] IV morphine 0.05 mg/kg/dose q4 hrs as needed for pain with maximum initial dose of 1-2 mg/dose for < 50 kg and 2-5 mg/dose for children > 50 kg (for severe pain)

[ ] IV hydromorphone 0.01 mg/kg/dose q6 hrs as needed for pain (for severe pain)

[ ] Consider morphine or hydromorphone PCA (if no improvement with as needed dosing)

**Antiemetic**

[ ] IV ondansetron 0.1 mg/kg/dose q8 hrs as needed for nausea and emesis. Maximum dose of 8 mg q8 hrs

[ ] PO ondansetron 0.1 mg/kg/dose q8 hrs as needed for nausea and emesis. Maximum dose of 8 mg q8 hrs when PO established

**Laxatives**

[ ] Polyethylene glycol 3350 1g/kg/day (divided once or twice daily) if no stools in 24-48 hrs. May increase to achieve goal of at least one soft stool daily

**Labs (on admission)**

[ ] Complete Blood Count (CBC) with differential

[ ] Basic Metabolic Panel (Urea Nitrogen, Calcium, Chloride, CO2, Creatinine, Glucose, Potassium, Sodium)

[ ] Calcium (Consider Ionized Calcium if decreased Albumin)

[ ] Hepatic Function Panel (Total and Direct Bilirubin, AST, ALT, ALP, Total Protein, Albumin)

[ ] Gamma-Glutamyl Transferase (GGT)

[ ] Triglycerides

[ ] Amylase

[ ] Lipase

[ ] Magnesium

[ ] Phosphorus

[ ] C-Reactive Protein (CRP)

**Daily Labs**

[ ] Basic Metabolic Panel (for the first 48 hours, while on high volume IV fluids, or if abnormal)

[ ] Hematocrit (while on high volume IV fluids)

**Imaging**

[ ] US Abdomen (if first episode of pancreatitis or if recurrent episode with concern for gallstone/biliary pancreatitis)

[ ] IV contrast enhanced CT if worsening symptoms after admission and/or concern for complications from pancreatitis (e.g. pancreatic fluid collection/necrosis or pancreatic duct stricture/stones)

[ ] MRCP if biliary/pancreatic duct abnormalities are suspected (with IV secretin if available for pancreatic duct evaluation)

**Consultants (as clinically indicated)**

[ ] Pain service

[ ] Dietician

[ ] Therapeutic Endoscopist

[ ] Pediatric surgery

[ ] Nephrology

[ ] Child life

[ ] Social Work

**Follow-up**

[ ] Pediatric Gastroenterology/Pancreatology, within 1 month of discharge

[ ] Pediatrician 1 week after discharge