NHS
Scarborough and Ryedale
Clinical Commissioning Group

Pathway:	Upper GI Topic – Pancreatitis

Referral Criteria/Commissioning position:

Any patient with suspected acute pancreatitis should be admitted to secondary care

Refer to secondary care for:

- severe, continuous and boring pain. Sudden in onset in epigastrium or with generalised peritonism
- pain may radiate to the RUQ, chest, flanks and other abdomen
- nausea and vomiting common
- fever common
- distension due to increased fluid in retroperitoneum pushing small bowel with fluid filled loops of a small bowel ileus
- a late and serious sign is blueish discolouration around the umbilicus (Cullen's sign) or the flank (Grey-Turners' sign)
- hypotension and tachycardia secondary to hypovolaemic shock

Investigations prior to referral (do not delay 2 week referral for these)

- In the acute setting none, if chronic then bloods and USS if gallstones have been suspected

Information to include in referral letter:

The GP referral letter should contain:

- If a more chronic picture then alcohol intake and any previous USS results suggesting the presence of gallstones. If bloods performed then include CRP, amylase and LFTs
- History, treatments and interventions tried in primary care including the results
- Relevant past medical/surgical history
- Drug history (prescribed and non-prescribed)
- Current regular medication
- BMI
- Smoking status

References & Additional information:

1. NICE
2. Beckingham and Bornman (2001) –ABC of diseases of liver, pancreas and biliary system. Acute pancreatitis. BMJ 322 (7286, 595-598
3. Kingsnorth and O'Reilly (2006) Acute pancreatitis. BMJ 332 (7549), 1072-1076

For the full SRCCG commissioning policy please click here

CCG GP sign off:	SRCCG Business Committee (Delegated to Dr Greg Black)
Review date:	2017