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Guest Editorial

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Acute pancreatitis is a common pancreatic disorder with characteristic pancreatic pain and radiation, sometimes change of position to acquire relief. Rise in serum amylase and lipase 3 times upper the limit of normal. The management in first 24 hours is very crucial and guides the morbidity, severity of disease and mortality. Initial and continued pain relief with either IV tramadol, diclofenac sodium or pentazocin in the first 24 hours is important. While result of blood test are getting prepaid-DONOT LEAVE PATIENT UNATTENDED IN ONE CORNOR OF EMERGENCY TRIAGE. Constantly monitor pulse, BP, temperature, oxygen saturation, respiratory rate and urine output- there is sequestration or pooling of fluid in the third space in and around pancreatic bed, Resulting in reduction in intravascular volume the most important management strategy is to rapidly replenishing the volume with rapid iv fluid- ringer lactates preferred over iv saline, 4-5 liter of iv fluid should be given in first 24 hrs. Depending on cardiac function.

Intravascular volume depletion is the most detrimental, as hypoxic injury damage pancreatic tissue, its microcirculation with development of micro thrombi in capillaries would aggravate pancreatic tissue injury and increase the severity of pancreatitis. The guide for iv ringer replenishment is decided by keeping the pulse rate (<100 /min), BP (>100 systolic) , temperature (99f), respiratory rate (<16/min), oxygen saturation (>95%), JVP (just engorged till middle in 45 degree position),hematocrit (<40-45)- check then continuously on monitor measure urine output to keep, >30 ml/hr and give enough fluid to maintain urine output, keep urea (<40), creatinine (<1 mg/dl)

Almost 80% have mild pancreatitis (nor organ failure or recovery of organ failure in <48 hours) But in the TRIAGE it's difficult to decide who is going to progress to moderate persisting organ failure (>48 hrs) or severe pancreatitis. Keep all in ICU or semi-ICU for better assessment and prompt, management. Early initiation of enteral diet, when vomiting is stopped flatus and feces passed, this will prevent secondary infection in pancreas. If in cholangitis within 48 hours ERCP and CBD clearance of stones should be done. Prophylactic antibiotics are not recommended.

Above management tips are crucial to prevent complication, severity of disease, morbidity and mortality.