Fast-Track Imaging Workflow for Patients with Diagnosis of Acute Pancreatitis in ED at UMass Medical Center

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OBJECTIVE: To minimize delay of MRCP in patients admitted to the GI service with diagnosis of pancreatitis.

FAST-TRACK WORKFLOW:

1- ED physician/resident contacts GI fellow after diagnosis of pancreatitis without ordering any imaging studies
   a. Any pending imaging studies (CT, US) will be cancelled
2- GI fellow orders non-contrast MRCP C- based on inclusion/exclusion criteria
3- ER radiology resident/faculty to monitor the study for diagnostic quality (aka point-of-care MRI)

<table>
<thead>
<tr>
<th>INCLUSION CRITERIA</th>
<th>EXCLUSION CRITERIA</th>
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</thead>
<tbody>
<tr>
<td>1. ED patients</td>
<td>1. Inpatients</td>
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<td>2. Acute abdominal pain</td>
<td>2. Normal LFT’s</td>
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<td>3. Abnormal LFT’s</td>
<td>3. History of alcohol abuse</td>
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<td>4. Suspected biliary pancreatitis</td>
<td>4. Previous normal MRCP within 6 months</td>
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<td>5. Suspected symptomatic obstructive LFT’s</td>
<td>5. Cirrhosis</td>
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MRCP PROTOCOL:

1. Localizers
2. 3D MRCP Respiratory triggered
3. COR Thick Slab
4. Cor T2 HASTE BH
5. Ax T2 HASTE BH

- ED resident or faculty to monitor image quality
- If a diagnosis of CBD stone is made on any sequence, especially #2, the study can be terminated

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