

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)

INCLUSION CRITERIA	EXCLUSION CRITERIA
1. ED patients	1. Inpatients
2. Acute abdominal pain	2. Normal LFT's
3. Abnormal LFT's	3. History of alcohol abuse
4. Suspected biliary pancreatitis	4. Previous normal MRCP within 6 months
5. Suspected symptomatic obstructive LFT's	5. Cirrhosis

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*