



Summary of NICE Guidelines

Title	Pancreatitis
NICE Reference	NG104
Previous NICE Reference	Not applicable
Date of Publication	5 th September 2018
Date of Last Update	16 th December 2020
Date of Summary by Trainee	16 th May 2023
Summary of Guidance (Max 250 words)	<p>NG104 covers the management of children, young people and adults with acute and chronic pancreatitis, and can be used in conjunction with the 'UK Guidelines for the Management of Acute Pancreatitis' (doi: 10.1136/gut.2004.057026).</p> <p><u>Recommendations</u></p> <p>Information and Support Recommendations are given on the information, support and lifestyle advice that should be given to patients, caregivers and GPs. This should include that HbA1c testing be performed at least every 6 months and bone mineral density assessment every 2 years.</p> <p>Acute Pancreatitis This section gives an overview of acute pancreatitis. Diagnosis is confirmed by testing blood lipase or amylase, which are usually raised. In the absence of raised levels, abdominal CT may be used to confirm pancreatic inflammation. Recommendations are given on identifying the cause, preventing infection, fluid resuscitation, nutrition support, managing complications and specialist referral.</p> <p>Chronic Pancreatitis This sections gives an overview of chronic pancreatitis and provides recommendations on identifying the cause, nutrition support, managing complications and follow up investigations. Recommendations for follow-up investigations which implicate laboratory testing include:</p> <ul style="list-style-type: none">• Offer monitoring by clinical and biochemical assessment for pancreatic exocrine insufficiency and malnutrition at least every 12 months (and every 6 months in under 16s).• Consider annual monitoring for pancreatic cancer in people with hereditary pancreatitis.• Offer monitoring of HbA1c at least every 6 months to identify the development of type 3c diabetes (i.e. diabetes that is secondary to pancreatic disease).• Patients with diagnosed type 3c diabetes should be assessed every 6 months for potential benefit of insulin therapy, and in those requiring insulin, guidance should be given on self-monitoring of blood glucose levels.
Impact on Lab (See below)	■ Moderate

Lab professionals to be made aware	<ul style="list-style-type: none"> ✓ Laboratory managers ✓ Chemical pathologists ✓ Clinical scientists ✓ Biomedical scientists
Please detail the impact of this guideline (Max 150 words)	<p>NG104 covers the management of acute and chronic pancreatitis in children, young people and adults. It aims to improve quality of life by ensuring that people have the right treatment and follow-up, and get timely information and support after diagnosis.</p> <p>In terms of laboratory service provision, laboratory professionals should be aware that the diagnosis and follow-up of patients with acute and chronic pancreatitis will include the measurement of various biochemical analytes. These include amylase, lipase and HbA1c, as well as any investigations required during the assessment of pancreatic exocrine insufficiency, pancreatic cancer and malnutrition.</p>

Impact on Lab

- **None:** This NICE guideline has no impact on the provision of laboratory services
- **Moderate:** This NICE guideline has information that is of relevance to our pathology service and may require review of our current service provision.
- **Important:** This NICE guideline is of direct relevance to our pathology service and will have a direct impact on one or more of the services that we currently offer.

Written by: Courtney Watt
Reviewed by: Allan Dunlop
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