Important Note
The intent of the Albany Medical Center Best Practices Guidelines is to provide health care professionals with evidence-based recommendations regarding care of the trauma patient. The Best Practices Guidelines do not include all potential options for prevention, diagnosis, and treatment and are not intended as a substitute for the provider’s clinical judgment and experience. The responsible provider must make all treatment decisions based upon his or her independent judgment and the patient’s individual clinical presentation. Albany Medical Center and any entities endorsing the Guidelines shall not be liable for any damages, including without limitation any direct, indirect, special, incidental, consequential or punitive damages, related to any use of the information contained herein. Albany Medical Center may modify the Best Practices Guidelines at any time without notice.
AMC Trauma Practice Management Guideline: Diagnosis and Management of Pancreatic Trauma

PURPOSE:
To outline the optimal diagnostic and management approaches of pancreatic trauma

SUPPORTIVE DATA:
EAST practice management guidelines 2009

ASSESSMENT
The timely diagnosis of pancreatic injury has been challenging. Physical examination is unreliable and initial tests are usually nondiagnostic, particularly in blunt trauma patients. Missed pancreatic injury results in significant morbidity and mortality.

Diagnosis:
1. CT scan is suggestive but not diagnostic of pancreatic injury
2. Amylase/Lipase levels are suggestive but not diagnostic of pancreatic injury

<table>
<thead>
<tr>
<th>AAST Pancreas Injury Scale</th>
<th>Grade</th>
<th>Type of Injury</th>
<th>Description of Injury</th>
<th>ICD-9</th>
<th>AIS-90</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>I</td>
<td>Hematoma</td>
<td>Minor contusion without duct injury</td>
<td>863.81-863.84</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>I</td>
<td>Laceration</td>
<td>Superficial laceration without duct injury</td>
<td>863.81-863.84</td>
<td>2</td>
</tr>
<tr>
<td>II</td>
<td>II</td>
<td>Hematoma</td>
<td>Major contusion without duct injury or tissue loss</td>
<td>863.81-863.84</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>II</td>
<td>Laceration</td>
<td>Major laceration without duct injury or tissue loss</td>
<td>863.81-863.84</td>
<td>3</td>
</tr>
<tr>
<td>III</td>
<td>III</td>
<td>Laceration</td>
<td>Distal transection or parenchymal injury with duct injury</td>
<td>863.92/863.94</td>
<td>3</td>
</tr>
<tr>
<td>IV</td>
<td>IV</td>
<td>Laceration</td>
<td>Proximal transection or parenchymal injury involving ampulla</td>
<td>863.91</td>
<td>4</td>
</tr>
<tr>
<td>V</td>
<td>V</td>
<td>Laceration</td>
<td>Massive disruption of pancreatic head</td>
<td>863.91</td>
<td>5</td>
</tr>
</tbody>
</table>

*Advance one grade for multiple injuries up to grade III. *863.51,863.91 - head; 863.99,862.92-body;863.83,863.93-tail. *Proximal pancreas is to the patients’ right of the superior mesenteric vein.

From Moore et al. [6]: with permission.

PROCEDURES/THERAPEUTIC INTERVENTIONS:
1. Grade I and II injuries can be managed by drainage alone.
2. Grade III injuries should be managed with resection, and drainage.
3. Closed suction is preferred to sump suction.
4. Octreotide is controversial

LINKS TO CHARTS or ADDENDUM:
http://www.aast.org/Library/TraumaTools/InjuryScoringScales.aspx#pancreas

REFERENCE:
EAST practice management guidelines 2009