

## INTRODUCTION

Acute pancreatitis is commonly seen in the inpatient setting, and its presentation can vary widely, ranging from mild disease to a more severe presentation, which is commonly associated with high morbidity and mortality.

With the use of pancreatitis scoring systems, however, physicians can predict certain outcomes for patients with more reliability.

The primary objective of this study is to compare two new pancreatitis scoring systems in determining illness severity, complications, and need for ICU level of care.

The secondary objective is to determine if there is a correlation between severity and age, gender, race, etiology of pancreatitis, or insurance.

## METHODS

We performed a retrospective chart review of adult patients admitted with acute pancreatitis to an urban community hospital from 2018 to 2021. We utilized two novel scoring systems: the Chinese Simple Scoring System (CSSS) and the Pancreatic Activity Scoring System (PASS) and compared them to the following pre-existing and validated scoring systems: the APACHE-II scoring system, Ranson scoring system, BISAP scoring system, and Glasgow-Imrie scoring system by calculating each score.

We included other variables such as length of stay, disposition (general ward, telemetry, ICU), readmission, complications, etiology of pancreatitis, presence of necrotizing pancreatitis, calcium level on Day 2, and C-reactive protein levels.

## RESULTS

The main result of this study was to determine which score for both the CSSS and PASS risk assessments was most predictive of a need for ICU level care.

Overall, a total of 16/88 of patients admitted with pancreatitis (18%) were critical enough to require ICU monitoring. We found that the average CSSS score seen in patients requiring ICU admission was 253.

The average PASS score of those admitted to the ICU for pancreatitis was 3.88. Patients with a length of stay greater than 7 days or those who were re-admitted within 30 days had an average CSSS and PASS score of 243 and 3.55, respectively.

## DISCUSSION

It is important as clinicians to evaluate severity of pancreatitis when triaging patients as predicting complications can be challenging.

These scoring systems have been invented and validated to help determine the level of care needed for the patient and to foresee potential complications.

Our data suggests the PASS and CSSS scoring systems can be useful triage tools to aid in predicting patient outcomes, complications, mortality, and possible need for escalation of care.

## REFERENCES

- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6123248/>
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7306337/>
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6044454/>