A 45-year-old female with a past medical history significant for hypertension, type 2 diabetes, hyperlipidemia, and obesity presents to the ED with acute abdominal epigastric pain along with nausea and vomiting. Her vital signs are notable for an elevated temperature at 102.3F, heart rate of 120 and blood pressure of 84/54. Her labs are notable for AST 125, ALT 198, Alk Phos 305, Tbili 7.5. She has a CT/ABD pelvis with contrast performed that showed inflammation in the head of the pancreas with peri-pancreatic fat stranding.

What is the best next step in management?

A. Conservative management with aggressive IVF alone
B. Antibiotics
C. ERCP
D. Surgical consultation for cholecystectomy

Answer: C

Patients presenting with both acute gallstone pancreatitis and cholangitis should have an ERCP within 24 hours of admission.