Cholangitis is a syndrome of serious and complex hepatobiliary disorder. The most causes of biliary duct obstruction in acute cholangitis are biliary calculi (28% to 70%), benign biliary structure (5% to 28%), and malignancy (10% to 57%). The pathogenesis had primary sclerosing (PSC), secondary or acute cholangitis and immune cholangitis. However, the clinical presentation of Charcot’s triad included fever, abdominal pain (80%) and jaundice (60-70%) with Reynolds pentad had hypotension, mental status changes in serious condition cholangitis. However, the nurse practitioner must clear diagnostic criteria for definition of other biliary disease due to the clinical manifestations almost likely. The clinical history, physical assessment, bacterial study and image study included transabdominal ultrasound, CT scan [or magnetic resonance cholangiopancreatography (MRCP)] and endoscopic retrograde cholangiopancreatography (ERCP) are very improved study for definition of cholangitis. The management had bile antibiotics, pain control and supportive care for hyperbiliruumea. Therefore, the nursing management in prevent complication progressing to ERCP complication, sepsis with hemodynamic change and conscious level change.

Keywords: Cholangitis; nursing assessment; nursing management