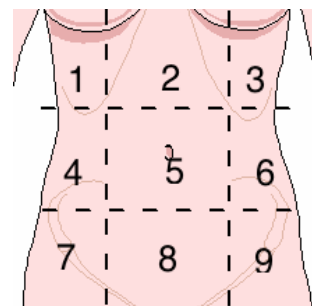




Acute pancreatitis

**3. Complain, symptoms**

**Abdominal pain:** yes / no  
 if yes: since when (hours):.....  
 type: cramping / dull / sharp  
 intensity (1-10):.....  
 location: diffuse / localized  
 Please mark the location!  
 radiation:.....



**Nausea:** yes / no

**Vomiting:** yes / no  
 if yes: how many times:.....  
 contents of cast:.....

**Subfebrility/fever:** yes / no  
 if yes: since when:.....  
 degree (°C):.....

**Appetite:** good / retained / bad

**Weight loss:** yes / no  
 if yes: how much (kg):.....  
 How long did it take? (weeks):.....

**Jaundice:** yes / no  
 if yes: for how long:.....

**Stool:** normal / diarrhea / constipation / fatty / putrid / undigested food/bloody/mucus  
*Please refer to the period just before your symptoms has started.*

**4. Complications** *Please register pancreatic complication of fluid collection/pseudocyst/necrosis only if you had imaging proof on the day of admission, otherwise, please mark "no data".*

**Pancreatic:** yes no no data  
 if yes: fluid collections /pseudocyst / necrosis / diabetes

**Organ failure:** yes no  
 if yes:, lung /heart / kidney /other

**Death:** yes no  
 If yes: the exact date of death: ..... e.g. 10.25 or 22.45

**5. Epicrisis** *A short summary (what happened with the patient after the hospitalization, any recommended control examinations, surgery).*

.....  
**DATE:**  
 YEAR: ..... MONTH: ..... DAY: ..... HOUR ..... MIN: .....

**NAME OF THE DOCTOR** : .....**SIGNATURE:** .....