

1. Patient personal details

Name:
 Pediatric pancreatitis: yes / no / no data
 Admission date:
 Last day of treatment:

RegisterAP No:

Doctor code:

2. Status

Blood pressure (Hgmm):.....
 Body weight (kg):.....
 Respiratory rate (/minute):.....
 Oxygen saturation (%):
 Abdominal tenderness: yes / no / no data
 Jaundice: yes / no / no data

Heart rate (/minute):.....
 Body height (cm):.....
 Body temperature (axillary, °C):
 Previous O2 therapy: yes / no / no data
 Abdominal guarding: yes / no / no data

3. Lab results (if any)

Amylase increased more than 3x yes / no / no data

Lipase increased more than 3x yes / no / no data

Amylase (U/l)	
Lipase (U/l)	
White blood cell (WBC) count (G/l)	
Red blood cell (RBC) count (T/l)	
Hemoglobin (g/l) Conversion: mmol/l	
Hematocrit (%)	
Thrombocyte (G/l)	
Glucose (mmol/l) Conversion: mg/dL	
Blood urea nitrogen (mmol/l) Conversion: mg/dL	
Creatinine (umol/l) Conversion: mg/dL	
eGFR	
C-reactive protein (mg/l)	
ASAT/GOT (U/l)	
Lactate dehydrogenase LDH (U/l)	
Calcium (mmol/l)	

Only arterial blood gas parameters should be registered. Please indicate the measuring condition of blood gas parameters

Measuring conditional of blood gas parameters: N/A / room air / 100% O₂

Previous O2 therapy: yes / no / no data

Sodium (mmol/l)	
Potassium (mmol/l)	

Total protein (g/l)	
Albumin (g/l)	
Cholesterol (mmol/l) Conversion: mg/dL	
Triglyceride (mmol/l) Conversion: mg/dL	
ALAT/GPT (U/l)	
Gamma GT (U/l)	
Total bilirubin (umol/l) Conversion: mg/dL	
Direct/Conjugated bilirubin (umol/l) Conversion: mg/dL	
Alkaline phosphatase (U/l)	
Erythrocyte sedimentation rate(ESR)/Westergren (mm/h)	
Procalcitonin (ng/ml)	
IgA (g/l)	
IgM (g/l)	
IgG (g/l)	
IgG4 (g/l)	
CA 19-9 (U/ml)	
PaO ₂ (Hgmm)	
HCO ₃ (mmol/l)	
sO ₂ (%)	
sweat chloride (mmol/l)	
urine amylase	
urine lipase	
urine creatinine	

4. Imaging (if any)

Imaging examinations: yes / no

Does the patient have pleural fluid? yes / no / no data

Does the patient have lung infiltrate? yes / no / no data

Does the patient have abnormal pancreatic structure? yes / no / no data

If yes: type: hypoechoic / hyperechoic / peripancreatic fluid / irregular and blurred contours / Wirsung dilatation (above 1mm) / ascites / calcification / cyst / inhomogeneous structure / fatty tissue infiltration / edematous pancreas / enlarged pancreas

Abdominal ultrasonography: yes / no

If yes: Description:

.....
.....

Abdominal X-ray: yes / no

If yes: Description:

.....
.....

Chest X-ray: yes / no

If yes: Description:

.....
.....

Chest Computed Tomography: yes / no

If yes: Description:

.....
.....

Abdominal Computed Tomography: yes / no

If yes: Description:

.....
.....

MRCP: yes / no

If yes: Description:

.....
.....

EUS: yes / no

If yes: Description:

.....
.....

5 Therapy

Intravenous fluid: yes / no

type of fluid:

amount (ml):

Parenteral feeding: yes / no

formula:

amount (ml):

Enteral feeding: yes / no

if yes: type: naso-gastric / naso-jejunal

formula:

amount: (ml)

dilution: yes/ no

Oral feeding: yes / no / no data

if yes: Description:.....

Pain management: yes / no

If yes: details

Name of medication:

active substance:

dose: dose without unit (number only!)

unit: g / mg / IU

if fluid, concentration: e.g. 10%, 1g/2ml, etc.

how many times per day: e.g. 3



Method of administration: intravenous / oral / enteral / subcutan / intramuscularis
other notes:

Antibiotic therapy: yes / no

If yes: details:

Name of medication:

active substance:

dose: dose without unit (number only!)

unit: g / mg / IU

if fluid, concentration: e.g. 10%, 1g/2ml, etc.

how many times per day: e.g. 3

Method of administration: intravenous / oral / enteral / subcutan / intramuscularis

other notes:

Insulin: yes / no

If yes: dosage: name of the medication:

dosage:

Intensive care: yes / no

If yes: type: ventilation / vasopressor therapy / kidney treatment / other

Other: yes / no

if yes: please describe:.....

8. Interventions, endoscopic treatment yes / no

ERCP description:

.....
.....

ERCP: yes / no

If yes: **Successful bile duct cannulation:** yes / no / no data

if yes: description:

Precut: yes / no / no data

If yes: type: needle-knife / precut papillotomy

EST: yes / no / no data

If yes: type: biliary / pancreas

Stone extraction: yes / no / no data

Stent: yes / no / no data

if yes: material: metal / plastic

amount:PCS

diameter:.....Fr

length:.....cm

Filling of the pancreatic duct: yes / no / no data

if yes: description:.....

Necrosectomy: yes / no / no data



If yes: type: percutan / endoscopic / surgical laparotomy / minimally invasive surgery
Description:

Drainage: yes / no / no data
If yes: Description:

Lavage: yes / no / no data
If yes: Description:

Other: yes / no / no data
if yes: Description:

12. Complications

Pancreatic: yes / no / no data
If yes: type: fluid collections / pseudocyst / necrosis / diabetes / other

Affecting other organs: yes / no
If yes: organ: lung / heart / kidney / other
Duration:

Death: yes / no
If yes: the exact time of death: e.g. 10.25 or 22.45

Notes:

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