

## 1. Personal data

**Social security number:**.....  
**Name:**.....  
**Date of birth:**.....  
**Phone number:**.....  
**Gender:** Female / Male  
**Race:** Caucasian / Roma / Black / Hindu /Asian / Other:.....

Date of admission due to acute pancreatitis:.....  
Date of WOPN's diagnose:.....  
Date of interview:.....  
Was written consent given ? / informed consent form has been signed Yes / No

Country:  
City:  
Hospital:  
Doctor:  
Blood sample code:  
Date of blood sampling:

## 2. Morphological data

### 2.1. CT scan

**Date of CT scan:**.....  
**Presence of necrotising pancreatitis:** yes / no  
**Presence of pancreatic necrosis:** yes / no  
**Presence of peripancreatic necrosis:** yes / no  
**Proportion of pancreatic necrosis:** ..... (%)  
**Localisation of pancreatic necrosis:** head / body / tail  
**Presence of peripancreatic fluid collection?** yes / no  
**Volume of peripancreatic fluid collection:**..... (cm x cm)

### WOPN:

**Size:**.....(mm x mm)  
**Width of wall:** .....(mm)  
**Proportion of necrotic parts:** .....(%)  
**Distance from stomach:**..... (mm)  
**Presence of air bubbles within the WOPN:** yes / no / N/A

### 2.2. EUS

**Endoscopic ultrasonography:** yes / no / N/A

**Date of EUS:**.....

**WOPN:**

**Size:**.....(mm x mm)

**Width of the wall:** .....(mm)

**Proportion of necrotic parts:** .....(%)

**Distance from stomach:**..... (mm)

## 2.2. MRI

**MRI:** yes / no / N/A

**Date of MRI:** .....

**WOPN:**

**Size:**.....(mm x mm)

**Width of the wall:** .....(mm)

**Proportion of necrotic parts:** .....(%)

**Distance from stomach:**..... (mm)

**MRCP:** yes / no / N/A

**Rupture of Wirsung duct:** yes / no / N/A

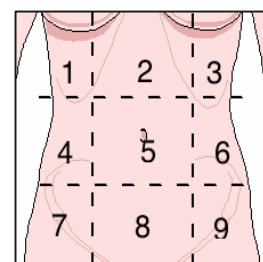
## 3. Data on the diagnose of WOPN:

### 3.1. Anthropometry

**Weight:** ..... (kg)

**Height:**.... (cm)

**Body mass index:**



### 3.2. Complaints, symptoms

**Abdominal pain:**

yes / no / N/A

if yes:

since when (hours):.....

type: N/A / cramping / dull / sharp intensity (1-10):.....

location: diffuse / localised

Please mark the location!

radiation:.....

**Nausea:** yes / no

**Vomiting:** yes / no

if yes:

how many times:.....

contents of cast: unknown / watery / containing food residue / bloody / containg bile

**Subfebrility/fever:** yes / no

if yes:

Since when:.....

Temperature (axiliar): ..... °C

Temperature (rectal):..... °C

**Appetite:** good / retained / bad

**Weight loss:** yes / no

if yes:

How long did it take? (weeks):.....

How much (kg):.....

**Stool:** normal / diarrhea / constipation / fatty / putrid / undigested food / bloody / mucus

Please refer to the period just before your symptoms has started

### 3.3. Laboratory parameters on admission:

Erythrocyte sedimentation rate(ESR)/Westergren (mm/h)	
C-reactive protein (mg/l)	
Procalcitonin (ng/ml)	
<b>Blood count</b>	
White blood cell count (G/l)	
Red blod cell count (T/l)	
Hemoglobin (g/l)	
Hematocrit (%)	
MCV	
Thrombocyte (G/l)	
<b>Ions</b>	
Sodium (mmol/l)	
Potassium (mmol/l)	

Calcium (mmol/l)	
Magnesium (mmol/l)	
Phosphate (mmol/l)	
Chlorid (mmol/l)	
Iron (umol/l)	
<b>Pancreas</b>	
Glucose (mmol/l)	
Alfa amylase (U/l)	
Lipase (U/l)	
<b>Renal function</b>	
Blood urea nitrogen (mmol/l)	
Creatinine (umol/l)	
eGFR	
<b>Liver function</b>	
Total bilirubin (umol/l)	
Direct/conjugated bilirubin	
Indirect/unconjugated bilirubin (umol/l)	
ASAT/GOT (U/l)	
ALAT/GPT (U/l)	
Gamma GT (U/l)	
Alkaline phophatase (U/l)	
Lactate dehydrogenase (LDH) (U/l)	
Protrombin (%)	
Protrombin INR	
<b>Metabolism</b>	
Cholesterol (mmol/l)	
Triglycerid (mmol/l)	
Uric acid (umol/l)	
TSH (mU/l)	
HgbA1C (%)	
<b>Proteins</b>	
Total protein (g/l)	
Albumin (g/l)	
<b>Blood gas parameters</b>	
PaO2 (Hgmm)	
HCO3 (mmol/l)	
sO2 (%)	
<b>Other</b>	

### 3.4. Severity of pancreatitis

Severity of acute pancreatitis:

mild / moderate / severe

*Mild acute pancreatitis*

- No organ failure
- No local or systemic complications

*Moderately severe acute pancreatitis*

- Organ failure that resolves within 48 h (transient organ failure) and/or
- Local or systemic complications without persistent organ failure

*Severe acute pancreatitis*

- Persistent organ failure (>48 h)
- Single organ failure
- Multiple organ failure

#### **4. Therapy before diagnose of WOPN:**

Inpatient treatment? yes / no / N/A

In which department was the WOPN diagnosed..... (intensive care unit, surgery department, internal medicine department etc.)

Was the patient treated in another department? yes / no / N/A

If yes: where? .....

Ambulatory treatment? yes / no / N/A

**Intravenous fluid** yes / no / N/A

if yes: type of fluid.....  
amount .....(ml)

**Parenteral feeding** yes / no / N/A

if yes type .....  
amount .....(ml)

**Enteral feeding** yes / no / N/A

if yes: nasogastric / nasojejunal  
formula: .....  
amount:..... (ml)  
dilution: yes / no  
if yes: degree of dilution: .....

**Oral feeding:** yes / no / N/A

**Pain management:** yes / no / N/A

if yes:

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: N/A / intravenous / oral / enteral / subcutan other notes:

.....

.....

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):  
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unit: g / mg / IU if fluid, concentration (e.g. 10%, 1g/2ml, etc.)..... how many times per day (e.g. 3):  
..... Method of administration: N/A / intravenous / oral / enteral / subcutan 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: N/A / intravenous / oral / enteral / subcutan other notes:  
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unit: g / mg / IU if fluid, concentration (e.g. 10%, 1g/2ml, etc.)..... how many times per day (e.g. 3):  
..... Method of administration: N/A / intravenous / oral / enteral / subcutan other notes:  
.....

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: N/A / intravenous / oral / enteral / subcutan other notes:  
.....

**Insulin:** yes / no

If yes:

Name of the medication:..... Dosage (00:00 – 23:00) Intensive care: yes / no if yes:  
type: ventilation / vasopressor therapy / kidney treatment / other Notes:  
.....

**Other:** yes / no

If yes: please describe

.....  
.....  
.....

## **5. Therapy between diagnose of WOPN and intervention**

Inpatient treatment? yes / no / N/A

In which department was the patient treated between the diagnose of WOPN and intervention..... (intensive care unit, surgery department, internal medicine department etc.)

Was the patient treated in another department? yes / no / N/A

If yes: where? .....

Ambulatory treatment? yes / no / N/A

**Intravenous fluid** yes / no / N/A

if yes: type of fluid.....  
amount .....(ml)

**Parenteral feeding** yes / no / N/A

if yes type .....  
amount .....(ml)

**Enteral feeding** yes / no / N/A

if yes: nasogastric / nasojejunal  
formula: .....  
amount:..... (ml)  
dilution: yes / no  
if yes: degree of dilution: .....

**Oral feeding:** yes / no / N/A

**Pain management:** yes / no / N/A

if yes:

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: N/A / intravenous / oral / enteral / subcutan other notes:  
.....  
.....

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: N/A / intravenous / oral / enteral / subcutan other notes:  
.....

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: N/A / intravenous / oral / enteral / subcutan 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: N/A / intravenous / oral / enteral / subcutan other notes:  
.....

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: N/A / intravenous / oral / enteral / subcutan other notes:  
.....

Name of medication:..... active substance:..... dose: ..... dose without unit (number only!) 11 unit: g / mg / IU if fluid, concentration (e.g. 10%, 1g/2ml, etc.)..... how many times per day (e.g. 3): ..... Method of administration: N/A / intravenous / oral / enteral / subcutaneous other notes:

.....

**Insulin:** yes / no

If yes:

Name of the medication:..... Dosage (00:00 – 23:00) Intensive care: yes / no if yes:  
type: ventilation / vasopressor therapy / kidney treatment / other Notes:

.....

**Other:** yes / no

If yes: please describe

.....

.....

.....

## **6. Intervention**

**Was intervention on WOPN accomplished?** yes / no / N/A

If yes: indication of intervention:

infected necrosis / organ failure / worsening clinical status / sterile necrosis / gastric, duodenal or bile duct obstruction / persisting symptoms (multiple choice)

**Type of intervention:** endoscopic / surgical / percutaneous (multiple choice)

**Date of intervention:**.....

Death before planned intervention on WOPN? yes / no / N/A

If yes: time of death: .....

Cause of death? Unknown / .....

## **7. Treatment after intervention**

Inpatient treatment? yes / no / N/A

In which department was the patient treated between the diagnose of WOPN and intervention..... (intensive care unit, surgery department, internal medicine department etc.)

Was the patient treated in another department? yes / no / N/A

If yes: where? .....

Ambulatory treatment? yes / no / N/A

Date of discharge:

**Intravenous fluid** yes / no / N/A

if yes: type of fluid.....

amount .....(ml)



**Parenteral feeding**                      yes / no / N/A  
if yes    type .....  
            amount .....(ml)

**Enteral feeding**                      yes / no / N/A  
if yes:    nasogastric / nasojejunal  
            formula: .....  
            amount:..... (ml)  
            dilution:                      yes / no  
            if yes:    degree of dilution: .....

**Oral feeding:**    yes / no / N/A

**Pain management:**                      yes / no / N/A  
if yes:

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: N/A / intravenous / oral / enteral / subcutan other notes:  
.....  
.....

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: N/A / intravenous / oral / enteral / subcutan other notes:  
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unit: g / mg / IU if fluid, concentration (e.g. 10%, 1g/2ml, etc.)..... how many times per day (e.g. 3):  
..... Method of administration: N/A / intravenous / oral / enteral / subcutan 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: N/A / intravenous / oral / enteral / subcutan other notes:  
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(e.g. 3): ..... Method of administration: N/A / intravenous / oral / enteral / subcutan other notes:  
.....



**Insulin:** yes / no

If yes:

Name of the medication:..... Dosage (00:00 – 23:00) Intensive care: yes / no if yes:  
type: ventilation / vasopressor therapy / kidney treatment / other Notes:

.....

**Other:** yes / no

If yes: please describe

.....  
.....  
.....