

## 1. Patient personal details

Insurance number:.....  
Name: .....  
Date of birth:.....  
Gender: female / male  
Race: Asian-Indian / White / Black / N/A  
Admission date: .....  
Last day of treatment: .....  
Date of interview: .....

Institute:  
Doctor code  
  
Blood sample code:  
Date of blood sampling:

## 2. Details from the medical history

**Alcohol consumption:** yes / no  
If yes: frequency: N/A / occasionally/monthly/weekly/daily  
amount (per occasion):.....  
for how many years: .....  
Total alcohol consumption in the last 2 weeks: .....

If not: Did you drink alcohol earlier? yes/no/ N/A  
If yes: frequency: N/A / occasionally/monthly/weekly/daily  
amount (g/occasion):.....  
for how many years?.....  
How long ago did you stop drinking alcohol?.....

*Guide for estimation of the amount:*  
1 dl beer (4.5 vol. %) = ~3.5 g alcohol  
1 dl wine (12.5 vol. %) = ~10 g alcohol  
1 dl hard drink (50 vol. %) = ~40 g alcohol

**Smoking:** yes / no  
if yes: amount (cigarettes/day):.....  
for how many years? .....  
  
if not: Did you smoke earlier? yes/no/ N/A  
if yes: amount (cigarettes/day):.....  
for how many years?.....  
How long ago did you stop smoking? .....

**Drug abuse:** yes / no *Prescribed medication should not be included here.*  
if yes: type of drug:..... amount:.....  
for how many years:.....

**Diabetes mellitus:** yes / no  
if yes: type: N/A / Type I. / Type II./Type III. c / MODY  
since when (year):.....

**Lipid metabolism disorder:** yes / no  
if yes: since when (year):.....

**Any disease of the pancreas:** yes / no *Not counting the current episode.*  
if yes: type: acute pancreatitis / chronic pancreatitis / autoimmune pancreatitis / tumor / other

if other: .....

If the patient had ACUTE PANCREATITIS in the history:

How many times did the patient have acute episodes before this episode:.....

When did the patient have the first acute episode (year):.....

If the patient has CHRONIC/AUTOIMMUNE PANCREATITIS:

When was it diagnosed?.....

When did the patient have the first acute episode (year):.....

How many times did the patient have acute episodes? .....

If the patient has PANCREATIC CANCER::

When was it diagnosed?.....

Was the patient diagnosed with chronic pancreatitis? yes / no / N/A

If yes, when was it diagnosed? (year) .....

How many times did the patient have acute episodes? .....

When did the patient have the first acute episode ? (year) .....

Other information:

.....

**Pancreas disorders in family history:** yes / no / N/A

acute pancreatitis: yes / no if yes: relationship to patient\*:.....

chronic pancreatitis yes / no if yes: relationship to patient\*:.....

autoimmune pancreatitis: yes / no if yes: relationship to patient\*:.....

pancreas tumor: yes / no if yes: relationship to patient\*:.....

other (please describe):.....relationship to patient\*:.....

\*mother / father / maternal grandfather / maternal grandmother / paternal grandmother / paternal grandfather / sister / brother / daughter / son / other: .....

**Congenital Anatomical Malformation of the pancreas:** yes / no / N/A

if yes: please describe:.....

**Known diseases:** yes / no

if yes: please list/describe them:.....

**Medications taken regularly:** yes / no

*Please specify the name of the active substance (e.g. "acetylsalicylic acid"). Please specify the amount using the International System of Units –SI (e.g. milligram, gram)*

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!)  
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: .....

**Diet:** yes / no  
if yes: please describe:.....

**Any other details in the medical history:** .....

### 3. Etiology

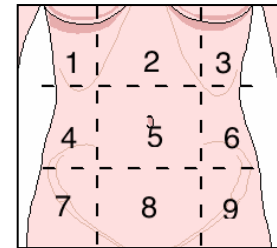
*The answer is "yes" if the etiological factor is proved, the answer is "no" if the etiological factor can be ruled out, the answer is "no data" if the etiological factor was not examined. Please answer "yes" to "Idiopathic" if etiological factor was not identified.*

Biliary	yes	no	N/A
Alcohol	yes	no	N/A
Hypertriglyceridaemia	yes	no	N/A
Post-ERCP	yes	no	N/A
Virus infection	yes	no	N/A
Trauma	yes	no	N/A
Drug-induced	yes	no	N/A
Congenital anatomical malformation	yes	no	N/A
Cystic fibrosis	yes	no	N/A
Gluten-sensitive enteropathy	yes	no	N/A
Genetic	yes	no	has not been tested yet
Idiopathic	yes	no	
Other	yes	no	
if other:	please describe:.....		

### 4. Complains, symptoms

**Abdominal pain:** yes / no

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 / containing 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.*

## 5. Admission details and state

**Blood pressure:** ..... / ..... Hgmm      **Heart rate:**..... /minute  
**Body weight:**..... kg      **Body height:** ..... cm  
**Respiratory rate:**..... / min      **Body temperature (axiliar):** ..... °C  
    **Body temperature (rectal):** ..... °C  
**Oxygen saturation:** ..... %      **Previous O2 therapy:**      yes / no / N/A  
**Abdominal tenderness:**      yes / no / N/A      **Abdominal guarding:**      yes / no / N/A  
**Jaundice:**      yes / no / N/A

Glasgow Coma Scale.....

### Glasgow Coma Scale:

#### Eye response

- 4 points: Spontaneous eye opening
- 3 points: Eye opening in response any speech
- 2 points: Opening to response to pain
- 1 point: No eye opening

#### Verbal Response

- 5 points: Orientated
- 4 points: Confused conversation
- 3 points: Inappropriate speech
- 2 points: Incomprehensible speech
- 1 point: No verbal response.

#### Motor Response

- 6 points: Obeying command
- 5 points: Localizing response to pain
- 4 points: Withdraws to pain
- 3 points: Decorticate posture
- 2 points: Decerebrate posture
- 1 point: No response to pain

## 6. Laboratory parameters on admission

Amylase increased more than 3x      yes / no / N/A

Lipase increased more that 3x      yes / no / N/A

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 condition of blood gas parameters: N/A / room air / 100% O<sub>2</sub>

Previous O<sub>2</sub> 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 <sub>2</sub> (Hgmm)	
HCO <sub>3</sub> (mmol/l)	
sO <sub>2</sub> (%)	
sweat chloride (mmol/l)	
urine amylase	
uirne lipase	
urine creatinine	

Virus serology:

Which viruses? ..... results:.....

**7. Imaging examinations on admission\_** yes / no

Does the patient have pleural fluid? yes / no / N/A  
Does the patient have lung infiltrate? yes / no / N/A  
Does the patient have abnormal pancreatic structure? yes / no / N/A  
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:

.....  
.....

8. Interventions – first day yes / no

ERCP: yes / no
if yes:

Successful bile duct cannulation: yes / no / N/A
if yes: description:
Percut: yes / no / N/A
if yes: type: N/A / needle-knife / precut papillotomy
EST: yes / no / N/A
if yes: type: N/A / biliary / pancreas
Stone extraction: yes / no / N/A
Stent: yes / no / N/A
If yes: material: N/A / metal / plastic
amount: pcs
diameter: Fr
length: cm
Filling of the pancreatic duct: yes / no / N/A
If yes: description:

ERCP description:
.....
.....

Necrosectomy: yes / no / N/A
If yes: type: N/A / percutan / endoscopic / surgical laparotomy / minimally
invasive surgery
Description: .....

Drainage: yes / no / N/A
If yes: Description: .....

Lavage: yes / no / N/A
If yes: Description: .....

Other: yes / no / N/A
If yes: Description: .....

9.a Intravenous fluid in the first 24 hours

Intravenous fluid in the first 24 hours: ..... ml
To be counted from the first moment until the end of the first 24 hours of medical treatment including ANY KIND of intravenous fluid (e.g. i.v. antibiotics) given by the ambulance, emergency unit and inpatient department.



## 9.b Immediate therapy on the day of admission

*The therapy questions refer to the day of admission from here.*

**Intravenous fluid**                      yes / no

type of fluid	amount	
		ml
		ml
		ml

**Parenteral feeding:**                      yes / no

formula	amount	
		ml
		ml
		ml

**Enteral feeding:**                      yes / no  
If yes:                      type: naso-gastric / naso-jejunal

formula	amount		dilution
		ml	
		ml	
		ml	

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

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

**dosage**  
 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:.....

**10. Hystology** yes / no / N/A

If yes: Description: .....

**11. Genetic testing**

Has it been performed earlier? yes / no  
 If yes: please describe:.....

Genes	N/A	Pos	Neg	Results
PRSS1				
SPINK1				
CTRC				
CFTR				
CPA1				
.....				

**12. 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 / N/A  
 if yes: type: fluid collections / pseudocyst / necrosis / diabetes / other

**Affecting other organs:** yes / no  
 If yes: lung /heart / kidney /other

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

### 13. Epicrisis

*A short summary of the hospitalization (how the patient got to medical care, diagnosis, most important facts and events of the hospitalization, what happened with the patient after the hospitalization, any recommended control examinations, surgery).*

**Description**

.....  
.....

### 14. Final report

Don't forget to add the final report on the eCRF!

### 15. Severity of pancreatitis

Severity: mild / moderately severe / 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

*Banks PA, Bollen TL, Dervenis C, et al: Classification of acute pancreatitis-2012: revision of the Atlanta classification and definitions by international consensus. Gut 2013; 62: 102-111. doi: 10.1136/gutjnl-2012-302779*

Consent form is filled

I declare that the patient received the necessary information and signed the consent form.

**Notes**

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