

## 1. Personal data

**Social security number:**.....

**Name:**.....

**Date of birth:**.....

**Phone number:**.....

**Gender:** Female / Male

Date of first admission due to acute pancreatitis:.....

Date of WOPN's diagnose:.....

In which department was WOPN diagnosed? .....

Date of repeated admission:.....

In which department does the repeated admission take place? .....

Was any intervention on WOPN carried out yet? yes / no / N/A

Date of interview:.....

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

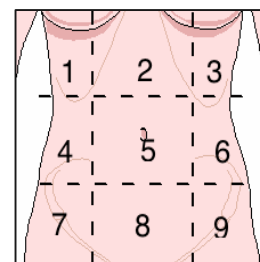
**3. Data on repeated hospitalisation**

**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 repeated 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>	

#### 4. Treatment on repeated hospitalisation

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:

.....

.....

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..... 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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.....

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.....

**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. WOPN intervention**

**Was any intervention on WOPN done before this hospitalisation?** yes / no / N/A

If yes, type of intervention: surgical / endoscopic / percutaneous

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

**Was another intervention on WOPN needed during this hospitalisation?** yes / no / N/A

If yes, type of intervention: surgical / endoscopic / percutaneous

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

**Indication of intervention:**

infected necrosis / organ failure / worsening clinical status

sterile necrosis / gastric, duodenal or biliary obstruction / persisting symptoms

## **6. Mortality**

Mortality during repeated hospital observation: yes / no / N/A

if yes: time of death:.....

cause of death:.....