

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:.....

Date of interview:.....

Is the patient still treated in hospital? yes / no / N/A

If yes, in which department?

Was the patient treated in other department(s) due to acute pancreatitis? yes / no / N/A

If yes, in which department?

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

If yes, which type? surgical / endoscopic / percutaneous

Date of intervention:

Does the patient need an intervention on WOPN because of the complication? yes / no / N/A

If yes, which type? surgical / endoscopic / percutaneous

Date of intervention:

Mortality? yes / no

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

cause of death:.....

Organ failure: yes / no

if yes: lung / kidney / heart / other

Bleeding: yes / no / N/A

if yes, intervention was needed? yes / no / N/A

Perforation: yes / no / N/A

if yes, intervention was needed? yes / no / N/A

Enterocutaneous fistula: yes / no / N/A

Incisional hernia: yes / no / N/A

Exocrine pancreatic insufficiency: yes / no / N/A

Endocrine pancreatic insufficiency: yes / no / N/A

Necrectomy was needed: yes / no / N/A

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

Number of interventions:.....

Wound infection: yes / no / N/A

Stent migration: yes / no / N/A

Length of hospital treatment:.....(days)

Length of intensive care treatment:.....(days)

Other complications:.....

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

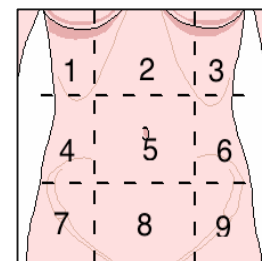
3. Data at complications

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)	
Blood count	
White blood cell count (G/l)	
Red blod cell count (T/l)	
Hemoglobin (g/l)	
Hematocrit (%)	
MCV	
Thrombocyte (G/l)	
Ions	
Sodium (mmol/l)	
Potassium (mmol/l)	
Calcium (mmol/l)	
Magnesium (mmol/l)	
Phosphate (mmol/l)	
Chlorid (mmol/l)	
Iron (umol/l)	
Pancreas	
Glucose (mmol/l)	

Alfa amylase (U/l)	
Lipase (U/l)	
Renal function	
Blood urea nitrogen (mmol/l)	
Creatinine (umol/l)	
eGFR	
Liver function	
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 phosphatase (U/l)	
Lactate dehydrogenase (LDH) (U/l)	
Protrombin (%)	
Protrombin INR	
Metabolism	
Cholesterol (mmol/l)	
Triglycerid (mmol/l)	
Uric acid (umol/l)	
TSH (mU/l)	
HgbA1C (%)	
Proteins	
Total protein (g/l)	
Albumin (g/l)	
Blood gas parameters	
PaO2 (Hgmm)	
HCO3 (mmol/l)	
sO2 (%)	
Other	

4. Therapy at diagnosing of complications:

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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only!) unit: g / mg / IU if fluid, concentration (e.g. 10%, 1g/2ml, etc.)..... how many times per day
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.....

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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

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