**1. Patient personal details**

Country:

City:

Hospital:

Doctor:

Blood sample code:

**Date of blood sampling**:

**Patient Name:**……………………………….………………….

**Registration number**:…………………………………………..

**Date of birth(dd/mm/yyyy):**…………………………………….

**Gender:** Female / Male

**2. History**

**Cholelithiasis**: yes / no

**Cholecystectomy**: yes / no

**Acute pancreatitis**: yes / no

if yes:

 When(dd/mm/yyyy)?: ………./………./……….

 How many acute episodes?:...................................................

**Chronic pancreatitis**: yes / no

if yes:

 When was it diagnosed(dd/mm/yyyy)?:………./………./……….

 When was the first episode(dd/mm/yyyy)?:……./..……./……….

 How many acute episodes?............................................................

**Pancreatic cyst**: yes / no

**Pancreatic neoplasia:** yes / no

**Other Malignancy**: yes / no

if yes, specify:………………………………………………………………

**Operation of malignancy:** yes / no

**Malignancy in the family:** yes / no

if yes:

specify:……………

 relationship to patient: mother / father / maternal grandfather / maternal grandmother / paternal grandmother / paternal grandfather / sister / brother / daughter / son / other: …..

**Pancreatic neoplasm in the family**: yes / no

if yes:

specify:……………

relationship to patient: mother / father / maternal grandfather / maternal grandmother / paternal grandmother / paternal grandfather / sister / brother / daughter / son / other: …..

**Diabetes mellitus**: yes/no

if yes:

type I. / type II / type III. / MODY

Date of diagnose (year)……………………………….

**Alcohol consumption**: Yes or No

If Yes: frequency: occasionally/monthly/weekly/daily

amount (per occasion):………………………………………..

for how many years: ……………………………………….…

If Not: Did the patient drink alcohol earlier? yes / no

If Yes: frequency: 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 or No

If Yes: amount (cigarettes/day):……………………..

for how many years?…………………………

If No: Did you smoke earlier? yes / no

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, what kind of drug did you consume?

**Party drugs:** (Amphetamine, Ecstasy, GHB, Mephedrone): yes/no

If yes, specify:……………………….

how much did you take? …………………

For how many years?……………

**Soft drugs**: (LSD, Marijuana, Hashish): yes/no

If yes, specify:……………………….

how much did you take? …………………

For how many years?……………

**Hard drugs:** (Crack, Heroin, Cocaine, Opium): yes/no

If yes, specify:……………………….

how much did you take? …………………

For how many years?……………

**Medicines:** (Diazepam, Ketamine, Codeine): yes/no

If yes, specify:……………………….

how much did you take? …………………

For how many years?……………

**Designer drugs**: (Mephedrone, synthetic cannabinoids): yes/no

If yes, specify:……………………….

how much did you take? …………………

For how many years?……………

**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:

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 / intravenious / oral / enteral / subcutan

Other notes: ………………………………………

**3. Symptoms**

**Abdominal pain**: Yes or No

 If Yes: Since when?...........................................................................

 Type: N/A or cramping or dull or sharp

 Intensity (1-10):…………………………………………….

 Location: Diffuse or Localised

 Please mark the location!

 Radiation:…………………………………………..

**Nausea**: Yes or No

**Vomiting**: Yes or No

 If Yes:

 How many times?......................................................

 Content of cast: unknown / watery / containing food residue / bloody / containing bile

**Subfebrility/Fever:** Yes or No

 If Yes: Since when?................................................................

 Temperature (axillar/rectal):………….⁰C

**Appetite**: Good or Retained or Bad

**Weight loss**: ……….kg Duration: ……….weeks

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

**Jaundice**: Yes or No

**4. Status**

**Body height:…………(cm)**

**Body weight:………….(kg)**

**BMI:** (automatikusan generált)

**Blood pressure**:……… / ……… Hgmm

**Heart rate**:……………………… /minute

**Respiratory rate**:………………. / min

**Body temperature (axiliar):** …………………°C

**Oxygen saturation:** …………………… %

**Previous O2 therapy**: Yes / No / N/A

**Abdominal tenderness**: Yes / No / N/A

**Abdominal guarding**: Yes / No / N/A

**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*

**Date of diagnosis of the pancreatic lesion (dd/mm/yyyy):** …./……./…….

**5. Laboratory findings**

**Date of laboratory (dd/mm/yyyy):**

**Blood type**: 0 / A / AB / B

**RH:** positive / negative

|  |  |
| --- | --- |
| erythrocyte sedimentation rate (mm/h) |  |
| CRP (mg/l) |  |
| **Blood** |  |
| WBC count (G/l) |  |
| RBC count (T/l) |  |
| Hemoglobin (g/l) |  |
| Hematokrit (%) |  |
| MCV  |  |
| Platelet count (G/l) |  |
| **Ions** |  |
| Sodium (mmol/l) |  |
| Potassium (mmol/l) |  |
| Calcium (mmol/l) |  |
| Magnesium (mmol/l) |  |
| Phosphate (mmol/l) |  |
| Chloride (mmol/l) |  |
| Iron (umol/l) |  |
| **Pancreas** |  |
| Glucose (mmol/l) |  |
| Alfa amilase (U/l) |  |
| Lipase (U/l) |  |
| **Renal functions** |  |
| Urea nitrogen (Karbamid) (mmol/l) |  |
| Kreatinin (umol/l) |  |
| eGFR |  |
| **Liver functions** |  |
| Total bilirubin (umol/l) |  |
| Direct/conjugated bilirubin (umol/l) |  |
| Indirect bilirubin (umol/l) |  |
| ASAT/GOT (U/l) |  |
| ALAT/GPT (U/l) |  |
| Gamma GT (U/l) |  |
| Alkaline phosphatase (U/l) |  |
| Laktate dehydrogenase LDH (U/l) |  |
| Protrombin (%) |  |
| Protrombin INR |  |
| **Metabolism** |  |
| Cholesterol (mmol/l) |  |
| Triglicerides (mmol/l) |  |
| Uric acid (umol/l) |  |
| TSH (mU/l)l |  |
| HgbA1C (%) |  |
| **Proteins** |  |
| Total protein (g/l) |  |
| Albumin (g/l) |  |
| Globulin alfa1 (g/l) |  |
| Globulin alfa2 (g/l) |  |
| Globulin beta (g/l) |  |
| Globulin gamma (g/l) |  |
| Fibrinogen (g/l) |  |
| Blood gases |  |
| PaO2 (Hgmm) |  |
| HCO3 (mmol/l) |  |
| sO2 (%) |  |
| Other |  |
|  |  |
| Tumormarkers |  |
| CEA (ug/l) |  |
| CA 19-9 (U/ml) |  |
| AFP (ng/ml) |  |

**6. Imaging**

**Abdominal Ultrasonography:** Yes or No

**Abdominal CT:** Yes or No

**MRI/MRCP**: Yes or No

**Chest X-ray:** Yes or No

**Abdominal X-ray:** Yes or No

**7.Epicrisis**

**Adverse event during procedures:**

 Infection Hospitalization Intensive care Death Other:……….

 if death: date:………….

**Multidisciplinary team discussion**: Yes / No / N/A

Who was present: Surgeon Internist Oncologist

 Pathologist Radiologist

**Planned next intervention:** date (dd/mm/yyyy): ………./………./……….

 Consultation MRI CT US EUS Surgery