**1. Patient personal details**

Country:

City:

Hospital:

Doctor:

Blood sample code:

**Date of blood sampling**:

**Patient Name:**……………………………………………..

**Patient ID**:………………………………………………….

**Date of follow-up:** (dd/mm/yyyy):……………………………..

**Death**: yes / no

if yes:

Date of Death (dd/mm/yyyy): / /

Time between the last curative operation and the date of death (days):….…

Cause of Death: Pancreatic neoplasm / Other:……………………………..

**2. Changes in medical history**

**Cholelithiasis**: yes / no

if yes: previously recorded? yes / no

**Cholecystectomy**: yes / no

if yes: previously recorded? yes / no

**Acute pancreatitis**: yes / no

if yes: previously recorded? yes/no

if no:

When(dd/mm/yyyy)?: ………./………./……….

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

**Chronic pancreatitis**: yes / no

if yes: previously recorded? yes/no

if no:

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

**Pancreatic cyst**: yes / no

if yes: previously recorded? yes/no

**Pancreatic neoplasia:** yes / no

if yes: previously recorded? yes/no

**Other Malignancy**: yes / no

if yes: previously recorded? yes/no

if no, specify:………………………………………………………………

**Operation of malignancy:** yes / no

if yes: previously recorded? yes/no

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

if yes: previously recorded? yes/no

if no:

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: previously recorded? yes/no

if no:

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: previously recorded? yes/no

if no:

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

Date of diagnose (year)……………………………….

**Alcohol consumption**: yes / no

if yes: frequency: occasionally/monthly/weekly/daily

amount (g/day):…………………………………

since when? (years):………………………….

Alcohol consumption in the last 2 weeks: …………………..

if not:

Did you 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 / no

if yes: amount (cigarettes/day):…………………

For how many years? …………………………

if not:

Did you smoke earlier? yes/no

if yes: amount (pcs/occasion):…………………………………

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:……………………………

**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: previously recorded? yes/no

if no:

Name of medication:………..……..

active substance:………………

dose: …………. (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):………….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**

**Blood pressure**:……… / ……… Hgmm

**Heart rate**:……………………… /minute

**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

**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*

**5. Laboratory findings**

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

|  |  |
| --- | --- |
| 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 Other: ………………………………………………………...

**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