

PLEASE FILL IN EVERY DAY DURING THE HOSPITAL STAY

Day No:
Date (+hour, min)

GOULASH No:
(Automatically generated)

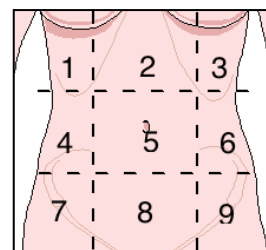
1. Patient personal details

First name:.....

Last name:

2. Complains, symptoms

Abdominal pain: yes / no / no data
if yes:
type: cramping / dull / sharp
intensity (1-10):.....
location: diffuse / localized
Please mark the location!
radiation:.....



Nausea: yes / no / no data
if YES, retention measurement has to be performed.

Vomiting: yes / no / no data
if YES, NG tube has to be replaced by NJ tube.

Subfebrility/fever: yes / no / no data
if yes: since when:.....
degree (°C):.....

Appetite: good / retained / bad / no data

Stool: yes / no / no data
if yes: normal / diarrhea / constipation / fatty / putrid / undigested food/bloody/mucus

3. Patient's state

Blood pressure (Hgmm):.....

Heart rate (/minute):.....

Body weight (kg):.....

Respiratory rate (/minute):.....

Body temperature (°C):
axillary/rectal

Oxygen saturation (%):

O2 therapy: yes/no

Abdominal tenderness : yes / no / no data

Abdominal guarding: yes / no / no data

Jaundice: yes / no

Acute pancreatitis

Glasgow Coma Scale (GCS):..... / no data

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

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

Verbal Response

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

Virus serology: yes / no

4. Blood glucose (by finger stick test) *Compulsory on the first day:*

4h	mmol/l	amount of insulin if administered : IU
8h	mmol/l	
12h	mmol/l	
16h	mmol/l	
20h	mmol/l	
24h	mmol/l	

5. Imaging (if performed)

yes no

Abdominal ultrasonography:

yes no

Description:
.....

Abdominal X-ray:

yes no

Description:
.....

Chest X-ray:

yes no

Description:
.....

Chest Computed Tomography:

yes no

Description:
.....

Abdominal Computed Tomography:

yes no

Description:
.....

6. Microbiology examination

Biological sample collection yes no

If yes: place: /blood, urine, airway, pancreas, other/

result:

Acute pancreatitis

Pain management: yes no

if yes:

name:..... how many times per day:.....dose.....

type of administration:.....other notes:

name:..... how many times per day:.....dose.....

type of administration:.....other notes:

name:..... how many times per day:.....dose.....

type of administration:.....other notes:

Antibiotic therapy: yes no

if yes:

name:..... how many times per day:.....dose.....

type of administration:.....other notes:

name:..... how many times per day:.....dose.....

type of administration:.....other notes:

name:..... how many times per day:.....dose.....

type of administration:.....other notes:

Insulin: yes no

if yes,

name of the medication:.....

dosage:.....

Intensive care: yes no

if yes,

namely (ventilation, vasopressor therapy):.....

Other:

if yes, please describe:.....

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