**ELEFANT NUMBER:**

**NAME:**

1. **Basic details**

**DATE:**

**LOCATION:** inpatient department / sub-intensive unit / ICU / other:…….

1. **Complains, symptoms**

**Abdominal pain**: yes / no

**if yes**: since when (hours):….………………………………………..

**type**: cramping / dull / sharp

**intensity (1-10**):……………………………………..

**location**: diffuse / localized

Please mark the location!

**radiation**:………………………………………………..

1. **Patient’s state**

**Blood pressure (Hgmm):**…………………… **Heart rate (/minute):**…………………………

**Body weight (kg):**……………………………… **Body height (cm):**…………………………………

**Respiratory rate (/minute):**………………. **Body temperature (axillary °C):** ……………………..

**Oxygen saturation (%):** …………………… **Previous O2 therapy**: yes/no

**Abdominal tenderness :** yes / no **Abdominal guarding:** yes / no

**Jaundice**: yes / no

**Glasgow Coma Scale (GCS):**……………………………………….

Eye response:  
4 points: Spointsaneous eye opening  
3 points: Eye opening in response any speech  
2 points: Opening to response to pain  
1 points: 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 points: No verbal response  
  
Verbal Response:  
5 points: Oriented  
4 points: Confused conversation  
3 points: Inappropriate speech  
2 points: Incomprehensible speech  
1 points: No verbal response.

**4. Laboratory parameters**

**OBLIGATORY PARAMETERS:**

|  |  |
| --- | --- |
| Amylase (U/l) |  |
| Lipase (U/l) |  |
| White blood cell (WBC) count (G/l) |  |
| Red blood cell (RBC) count (T/l) |  |
| Hemoglobin (g/l) |  |
| Hematocrit (%) |  |
| Thrombocyte (G/l) |  |
| C-reactive protein (mg/l) |  |

**5. Imaging examinations**

* **Does the patient have pleural fluid:** yes / no / no data
* **Does the patient have lung infiltrate:** yes / no / no data
* **Does the patient have abnormal pancreatic structure:** yes / no / no data

if yes: hypoechoic / hyperechoic / peripancreatic fluid / irregular and blurred conours / Wirsung dilatation (abve 1mm) / calcification / cyst / inhomogenous structure / fatty tissue infiltration / edematous pancreas / enlarged pancreas / hypodenz / hyperdenz / peripancreatic necrosis / pancreas necrosis / WON / no data

* **Ascites:** yes / no / no data
* **Modified CTSI score:**
* **Abdominal US:** yes / no / no data

if yes: description:……………………….

* **Abdominal X-ray:** yes / no / no data

if yes: description:……………………….

* **Chest X-ray:** yes / no / no data

if yes: description:……………………….

* **Chest CT:** yes / no / no data

if yes: description:……………………….

* **Abdominal CT:** yes / no / no data

if yes: description:……………………….

* **MRCP:** yes / no / no data

if yes: description:……………………….

* **EUS:** yes / no / no data

if yes: description:……………………….

if yes: EUS controlled needle biopsy: yes / no / no data

**6. Therapy**

**Plasmapheresis:** yes / no

* **Number of cycles of plasmapheresis:….**
* Details 1.:
  + Beginning of plasmapheresis
  + End of plasmapheresis
  + The amount of exchanged single blood volume (ml):………
* Details 2.:
  + Beginning of plasmapheresis
  + End of plasmapheresis
  + The amount of exchanged single blood volume (ml):………
* Details 3.:
  + Beginning of plasmapheresis
  + End of plasmapheresis
  + The amount of exchanged single blood volume (ml):………

**Insulin/heparin therapy**

* **Insulin:** yes / no

if yes(details can be added multiple times):

when: 00:00 / 01:00 / 02:00 / 03:00 / 04:00 / 05:00 / 06:00 / 07:00 / 08:00 / 09:00 / 10:00 / 11:00 / 12:00 / 13:00 / 14:00 / 15:00 / 16:00 / 17:00 / 18:00 / 19:00 / 20:00 / 21:00 / 22:00 / 23:00 / 24:00

dose:

unit:

if fluid, concentration:

method of administration:

* **Blood glucose level:** yes / no

if yes (details can be added multiple times):

when: 00:00 / 01:00 / 02:00 / 03:00 / 04:00 / 05:00 / 06:00 / 07:00 / 08:00 / 09:00 / 10:00 / 11:00 / 12:00 / 13:00 / 14:00 / 15:00 / 16:00 / 17:00 / 18:00 / 19:00 / 20:00 / 21:00 / 22:00 / 23:00 / 24:00

value (mmol/l):………

* **Additional glucose/dextrose:** yes / no

if yes (details can be added multiple times):

when: 00:00 / 01:00 / 02:00 / 03:00 / 04:00 / 05:00 / 06:00 / 07:00 / 08:00 / 09:00 / 10:00 / 11:00 / 12:00 / 13:00 / 14:00 / 15:00 / 16:00 / 17:00 / 18:00 / 19:00 / 20:00 / 21:00 / 22:00 / 23:00 / 24:00

type: dextrose / glucose

amount (ml):………

* **Heparin:** yes / no

if yes:

daily dose:

unit:

if fluid, concentration:

method of administration:

**Fluid therapy:** yes / no

if yes (details can be added multiple times):

**when**: 00:00 / 01:00 / 02:00 / 03:00 / 04:00 / 05:00 / 06:00 / 07:00 / 08:00 / 09:00 / 10:00 / 11:00 / 12:00 / 13:00 / 14:00 / 15:00 / 16:00 / 17:00 / 18:00 / 19:00 / 20:00 / 21:00 / 22:00 / 23:00 / 24:00

**typ**e **of fluid:** Isolyte / Ringer lactate / Sterofundin

**amount** (ml):………

**Total** **amount** (ml):…….

**Other therapies**

* **Pain management:** yes / no / no data

if yes:

name:………..……………..active substance:…………..……………dose(gram,milligram, etc.)……………… if fluid, concentration (e.g. 10%, 1g/2ml, etc.)…................... how many times per day (e.g. 3) type of administration:………………………………………………..other notes: ………………………………………

* **Antibiotic therapy:** yes / no / no data

if yes:

name:………..……………..active substance:…………..……………dose(gram,milligram, etc.)……………… if fluid, concentration (e.g. 10%, 1g/2ml, etc.)…................... how many times per day (e.g. 3) type of administration:………………………………………………..other notes: ………………………………………

* **Anticoagulation:** yes / no / no data

if yes:

name:………..……………..active substance:…………..……………dose(gram,milligram, etc.)……………… if fluid, concentration (e.g. 10%, 1g/2ml, etc.)…................... how many times per day (e.g. 3) type of administration:………………………………………………..other notes: ………………………………………

* **Albumin:** yes / no / no data

if yes: dose (ml):…………….

* **Intensive care:** yes / no / no data

if yes: respiratory support / vasopressor therapy / kidney treatment / other

if other: specify:………………….

notes:………………………………..

* **Therapy complication:** Hypokalemia / Hypocalcemiaa / Immunglobulin depletion / Coagulation factor depletion / Hypocalcemia / Metabolic alkalosis / Paresthesia / Nausea / Vomiting / Chest pain / Hypotension / Tetany / Arrhythmias / Infection / Pain / Nerve damage / Thrombosis / Dissecting hematoma / Perforation / Air embolism / AV fistula / other:………....
* **Feeding type:** per os / naso-gastric / naso-jejunal / parenteral / PEG / other
* **Notes:……**

**7. Summary**

* **What happened to the patient:** stayed at location / dismissed home / transferred / mortality / other:…………….

**if transferred, where:** inpatient department / sub-intensive unit / ICU / other:…….

* **Notes:……………………………….…**