



4. Imaging (if performed)

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:

.....
.....
.....
.....

**5. Therapy**

Oral feeding yes no

Intravenous fluid yes no

if yes, type of fluid.....
amount (ml/nap).....

Enteral feeding yes no

if yes, naso-gastric / naso-jejunal
formula:
amount (ml/nap):.....
dilution: yes no

Pain management: yes no

if yes, administration: oral / enteral / intravenous / epidural
name of the medication:.....
dosage:.....

Antibiotic therapy: yes no

if yes, administration: oral / enteral / intravenous
name of the medication:.....
dosage:.....

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:.....
.....



6. Complications

Pancreatic: yes no
 if yes, fluid collections / pseudocyst / necrosis / diabetes

Organ failure: yes no
 if yes, lung / heart / kidney /other

Duration of organ failure: <48 hours >48 hours

Death: yes no

NOTES

.....

.....

.....

.....

.....

DATE:

YEAR: MONTH: DAY:

NAME OF THE DOCTOR:**SIGNATURE:**