

The physical examination has to be done ON ADMISSION!
The blood for laboratory parameters has to be drawn ON ADMISSION!
This form has to be filled ON ADMISSION!

Questionnaire

1. Patient personal details

Insurance number:.....
 First name:.....
 Last name:
 Date of birth:.....
 Gender: female male
 Ethnicity/Race: White / Black / Asian-Indian Not known

2. Details from the medical history

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:.....
 since when (year):.....
 (if there are more drugs, please describe them in the NOTES section at the end)

Diabetes mellitus: yes / no
 if yes: type: Type I. / Type II./Type III. c / MODY
 since when (year):.....

Country:

Town:

Hospital:

Doctor:

Patient No:

THE RCT IS ORGANIZED BY THE HUNGARIAN PANCREATIC STUDY GROUP

FORM-A Acute Pancreatitis

GOULASH

Lipid metabolism disorder: yes / no

if yes: type: since when (year):.....

Any disease of the pancreas: yes / no

Not counting the current episode.

if yes: acute pancreatitis/ chronic pancreatitis/ autoimmune pancreatitis/ tumor/ other

if other: please describe:.....

If the patient had ACUTE PANCREATITIS in the history:

How many times did the patient have acute episodes before this episode:.....

When did the patient have the first acute episode (year):.....

If the patient has CHRONIC/AUTOIMMUNE PANCREATITIS:

When was it diagnosed?.....

How many times did the patient have acute episodes before this episode:.....

When did the patient have the first acute episode (year):.....

If the patient has PANCREATIC CANCER::

When was it diagnosed?.....

Was the patient diagnosed with chronic pancreatitis? yes / no

If yes, when was it diagnosed?.....

How many times did the patient have acute episodes before this episode?:.....

When did the patient have the first acute episode (year):.....

Other information:

.....

Pancreas disorders in family history:

acute pancreatitis: yes / no if yes: relationship to patient:.....

chronic pancreatitis yes / no if yes: relationship to patient:.....

autoimmune pancreatitis: yes / no if yes: relationship to patient:.....

pancreas tumor: yes / no if yes: relationship to patient:.....

other (please describe):.....relationship to patient:.....

.....

Congenital Anatomical Malformation of the pancreas: yes / no / no data

if yes: please describe:.....

Other illnesses: yes / no

if yes: please list/describe them:.....

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:.....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:

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:

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FORM-A

Acute
Pancreatitis

GOULASH

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:

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

Diet: yes / no

if yes: please describe:.....

3. Etiology *The answer is "yes" if the etiological factor is proved, the answer is "no" if the etiological factor can be ruled out, the answer is "no data" if the etiological factor was not examined. Please answer "yes" to "Idiopathic" if etiological factor was not identified.*

Biliary	yes	no	no data
Alcohol	yes	no	no data
Virus infection	yes	no	no data
Trauma	yes	no	no data
Drug-induced	yes	no	no data
Congenital anatomical malformation	yes	no	no data
Cystic fibrosis	yes	no	no data
Gluten-sensitive enteropathy	yes	no	no data
Hypertriglyceridaemia	yes	no	no data
Genetic	yes	no	has not been tested yet
Idiopathic	yes	no	
Other	yes	no	

if yes: please describe:.....

4. Complains, symptoms

Abdominal pain: yes / no

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

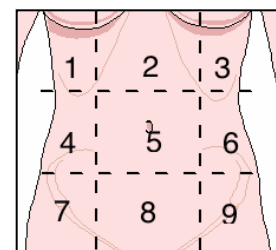
type: cramping / dull / sharp

intensity (1-10):.....

location: diffuse / localized

Please mark the location!

radiation:.....



Nausea: yes / no

Vomiting: yes / no

if yes: how many times:.....

contents of cast:.....

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FORM-A**Acute
Pancreatitis****GOULASH****Subfebrility/fever:** yes / noif yes: since when:.....
degree (°C):.....**Appetite:** good / retained / bad**Weight loss:** yes / noif yes: how much (kg):.....
How long did it take? (weeks):.....**Jaundice:** yes / no

if yes: for how long:.....

Stool: normal / diarrhea / constipation / fatty / putrid / undigested food/bloody/mucus*Please refer to the period just before your symptoms has started.***5. Admission details and state****Blood pressure (Hgmm):**.....**Heart rate (/minute):**.....**Body weight (kg):**.....**Body height (cm):**.....**Respiratory rate (/minute):**.....**Body temperature (°C):**
axillary/rectal**Oxygen saturation (%):**

Previous O2 therapy: yes/no

Abdominal tenderness : yes / no**Abdominal guarding:** yes / no**Jaundice:** yes / no**Glasgow Coma Scale (GCS):**.....**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.

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6. Laboratory parameters on admission**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)	
Serum glucose (mmol/l)	
Hemoglobin A1C (%)	
Blood urea nitrogen (mmol/l)	
Creatinine (umol/l)	
eGFR	
C-reactive protein (mg/l)	
ASAT/GOT (U/l)	
Lactate dehydrogenase LDH (U/l)	
Calcium (mmol/l)	
Sodium (mmol/l)	
Potassium (mmol/l)	
Total protein (g/l)	
Albumin (g/l)	
Cholesterol (mmol/l)	
Triglyceride (mmol/l)	
ALAT/GPT (U/l)	
Gamma GT (U/l)	
Total bilirubin (umol/l)	
Direct/Conjugated bilirubin (umol/l)	
Alkaline phosphatase (U/l)	
Procalcitonin (ng/ml)	

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- CTSI:

I. Pancreas

- Normal pancreas
- Intrinsic pancreatic abnormalities with or without inflammatory changes in peripancreatic fat
- pancreatic or peripancreatic fluid collection or peripancreatic fat necrosis

II. Size of Necrosis

- Necrosis absent
- < 30% necrosis
- > 30% necrosis
- > 60% necrosis

III. Extrapancreatic findings

- presence of extrapancreatic findings

DETAILED REPORT

- Pancreas Size:

- Normal
- Partially enlarged (body AP diameter is over 2 cm and/or head AP diameter is over 2,5 cm, none exceeds 3 cm)
- Definitely enlarged (any part over 3 cm AP diameter)

- Largest diameter of peripancreatic **fat infiltration**: cm

- Peripancreatic fluid:

- none
- present
- Large pseudocyst(s)

- Size of peripancreatic fluid or pseudocyst: cm

- Necrotizing area (nonenhancement):

- Largest diameter of necrosis area: cm
- Location of necrosis:
- Type: patchy / full width
- Estimated necrosis: 0% , < 30% , 30% - 60%, above 60%

- **Wirsung** dilatation: YES / NO (yes, diameter: mm)- Distant **abdominal fluid**:

- Small amount (hard to see, less than 2 cm in lesser pelvis, less than 1 cm around liver/spleen)
- Moderate amount (easy to see, but without pelvic or abdominal distension)
- Large amount with abdominal/pelvic distension

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

Insulin: **yes** **no**
if yes: name of the medication:.....
total dose of medication:.....

Intensive care: **yes** **no**
if yes: namely (ventilation, vasopressor therapy):.....

Other:
if yes: please describe:.....

.....

10. Interventions, endoscopic treatment:

yes **no**
if yes: ERCP-EST/endobiliary stent/Wirsung stent/cysta drainage
Stent: 1 plastic stent/more plastic stents/uncovered metal stent/covered metal stent
Early complications: none/bleeding/perforation
ERCP: **yes** **no**
if yes:
Successful biliary cannulation: **yes** **no** if yes: notes:

Precut:	<input type="checkbox"/> yes	<input type="checkbox"/> no	if yes: needleknife/precut papillotomy
EST:	<input type="checkbox"/> yes	<input type="checkbox"/> no	if yes: biliary/pancreatic
Stone extraction:	<input type="checkbox"/> yes	<input type="checkbox"/> no	
Stent:	<input type="checkbox"/> yes	<input type="checkbox"/> no	if yes: metal/plastic How many pcs? diameter(Fr)? length(cm)?
Pancreatic duct filling:	<input type="checkbox"/> yes	<input type="checkbox"/> no	if yes: notes:

11. Complications *Please register pancreatic complication of fluid collection/pseudocyst/necrosis only if you had imaging proof on the day of admission, otherwise, please mark "no data".*

Pancreatic: **yes** **no** **no data**
if yes: fluid collections /pseudocyst / necrosis / diabetes

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

Death: **yes** **no**
if yes: the exact time of death: e.g. 10.25 or 22.45

12. Epicrisis *A short summary of the hospitalization (how the patient got to medical care, diagnosis, most important facts and events of the hospitalization, what happened with the patient after the hospitalization, any recommended control examinations, surgery).*

.....

NOTES

.....

DATE:

YEAR: MONTH: DAY: HOUR MIN:

THE TOTAL TIME SPENT THE PATIENT ON ADMISSION: HOUR MIN:

NAME OF THE DOCTOR MADE THE RANDOMIZATION:SIGNATURE:

Please NOTE! The doctor made the randomization MUST NOT involved in the treatment of patients any longer. She/He has to keep the information secretly from the patients and medical team involved in the treatment.

NAME OF THE DOCTOR EXAMINED/TREATED THE PATIENT:SIGNATURE:

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