

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

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

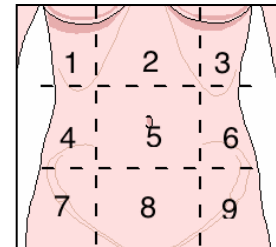
type: cramping / dull / sharp

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

location: diffuse / localized

Please mark the location!

radiation:.....

**Nausea:** yes / no*If YES, retention measurement has to be performed.***Vomiting:** yes / no*If YES, NG tube has to be replaced by NJ tube.***Subfebrility/fever:** yes / no

if yes: since when:.....

degree (°C):.....

**Appetite:** good / retained / bad**Stool:** yes / no

if yes: normal / diarrhea / constipation / fatty / putrid / undigested food/bloody/mucus

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**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

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

**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

**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)	

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# FORM-B

## Acute Pancreatitis

# GOULASH

### OTHER PARAMETERS (if measured):

Serum glucose (mmol/l)	
Blood urea nitrogen (mmol/l)	
Creatinine (umol/l)	
eGFR	
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)	
IgA (g/l)	
IgM (g/l)	
IgG (g/l)	
IgG4 (g/l)	
CA 19-9 (U/ml)	
PaO <sub>2</sub> (Hgmm)	
HCO <sub>3</sub> (mmol/l)	
sO <sub>2</sub> (%)	
sweat chloride (mmol/l)	
urine amylase	
urine lipase	
urine creatinine	
(other)	

### 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	

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**HPSG chair and leader of the Steering Committee:**  
 Péter Hegyi **Tel:** +36 70 375 1031 **e-mail:** p.hegyi@tm-pte.org  
**Principal Investigator:**  
 Kata Márta **Tel:** +36 20 211 5868 **e-mail:** k.marta@tm-pte.org

**5. Imaging (if performed)**

yes no

**Abdominal ultrasonography:**

yes no

*2 hours before the examination the enteral feeding has to be stopped. The amount of enteral feeding which was not given have to be administered additionally to the normal feeding in the next 10h. (for example: If the patient receive 45 ml/h and 90ml was not given due to the examination, the patient has to receive 54ml (45ml + 9ml) for the forthcoming 10h.*

**- Visualization:**

- Good, complete (head at least partially visualized, body and neck well visualized, tail: partially visualized)
- Partially, incomplete (only body or only head visualized)
- Poor, non-diagnostic

**- 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)

**- Peripancreatic fluid:**

- none
- present
- Large pseudocyst(s)

- Size of peripancreatic fluid or pseudocyst: ..... cm

**- Pancreas homogeneity:**

- Homogenous
- Inhomogeneous, includes area(s) of low echogenicity
- Inhomogeneous, includes calcifications

- In case of circumscribed low echogenicity area, it's size: ..... cm

- **Wirsung** dilatation: YES / NO (yes, diameter: ..... mm)

Other Description:

.....  
 .....

**Abdominal X-ray:**

yes no

Description:

.....  
 .....

**Chest X-ray:**

yes no

Description:

.....  
 .....

**Chest Computed Tomography:**

yes no

Description:

.....  
 .....

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Abdominal Computed Tomography: yes/no

Modified CTSI Score: .....0-10.....

*Please NOTE! Abdominal CT is compulsory when the patient is discharged*

**CTSI Score:** (I) Normal pancreas 0 point, intrinsic pancreatic abnormalities with or without inflammatory changes in peripancreatic fat 2 points, Pancreatic or peripancreatic fluid collection or peripancreatic fat necrosis 4 points (II) Necrosis absent 0 Points, < 30% necrosis 2 Points, > 30% necrosis 4 points (III) presence of extrapancreatic findings 2 points.  
MAXIMUM OF: 10 points

- **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)

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Péter Hegyi **Tel:** +36 70 375 1031 **e-mail:** p.hegyi@tm-pte.org  
**Principal Investigator:**  
Kata Márta **Tel:** +36 20 211 5868 **e-mail:** k.marta@tm-pte.org

**7/24 HOT LINE**  
**+36 30 292 5534. ☎61180**

- 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
  
- **Pleural effusion**:
  - none
  - one sided:..... (AP diameter: ..... cm)
  - Both sides, L - ..... cm, R - ..... cm
  
- **Extrapancreatic findings**:
  - Inflammation (Cholecystitis, Duodenitis, etc.) location: .....
  - Cholecystolithiasis
  - Choledocholithiasis
  - Signs of bowel ischaemia
  - Bowel distension, ileus
  - Venous thrombosis
  - Pseudoaneurysm
  - Parenchymal organ involvement, define: .....

Other Description:

.....

.....

## 6. Microbiology examination

Biological sample collection                      yes                      no

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

result:                      .....

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Pain management:    yes    no

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: .....

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

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: .....

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: .....

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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**8. 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: yes no if yes: needleknife/precut papillotomy  
 EST: yes no if yes: biliary/pancreatic  
 Stone extraction: yes no  
 Stent: yes no if yes: metal/plastic  
 How many pcs? diameter(Fr)? length(cm)?  
 Pancreatic duct filling: yes no if yes: notes: .....

**9. Complications**

Pancreatic: yes no no data  
 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  
 if yes: the exact time of death: ..... e.g. 10.25 or 22.45

**NOTES**

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

**DATE:**

YEAR: ..... MONTH: ..... DAY: .....

NAME OF THE DOCTOR: .....SIGNATURE: .....

NAME OF THE NURSE: .....SIGNATURE: .....

NAME OF THE SCIENCE ADMINISTRATOR: .....SIGNATURE: .....

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