

PLEASE FILL IN EVERY DAY DURING THE HOSPITAL STAY

Day No:
Date:EASY No:
(Automatically generated)**1. Patient personal details**

First name:.....

Last name:

2. Patient's state (if examined)

Blood pressure (Hgmm):..... Heart rate (/minute):.....

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

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

Abdominal tenderness : yes / no / no data Abdominal guarding: yes / no / no data

Jaundice: yes / no

3. Laboratory parameters (if measured)

Amylase (U/l)	
Lipase (U/l) <i>Obligatory if amylase is not measured. Please put 0 (zero) for amylase in this case)</i>	
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)	
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)	

JOINT PROJECT ORGANIZED BY THE HUNGARIAN PANCREATIC STUDY GROUP AND THE INTERNATIONAL ASSOCIATION OF PANCREATOLOGY



HPSG

www.pancreas.hu

HPSG chair and IAP scientific committee member:Péter Hegyi **Tel:** +36 70 375 1031 **e-mail:** hegyi2009@gmail.com**Principal Investigator:**Balázs Kui **Tel:** +36 20 542 7731 **e-mail:** k.kubali@gmail.cominternational association of
pancreatology
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Only arterial blood gas parameters should be registered.

Please indicate the measuring condition of blood gas parameters: Previous O2 therapy: yes/no

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)	
Erythrocyte sedimentation rate(ESR)/Westergren (mm/h)	
Procalcitonin (ng/ml)	
IgA (g/l)	
IgM (g/l)	
IgG (g/l)	
IgG4 (g/l)	
CA 19-9 (U/ml)	
PaO ₂ (Hgmm)	
HCO ₃ (mmol/l)	
sO ₂ (%)	
sweat chloride (mmol/l)	
urine amylase	
urine lipase	
urine creatinine	

4. Imaging (if performed)

Abdominal ultrasonography:

yes no
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).....

Enteral feeding yes no

if yes, naso-gastric / naso-jejunal

formula:

amount:..... (ml)

dilution: yes no

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:.....

how long (days):.....

