



ACUTE PANCREATITIS STUDY

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

CLINICIAN QUESTIONNAIRE

CONFIDENTIAL

DETAILS OF THE CLINICIAN COMPLETING THIS QUESTIONNAIRE

Grade: _____

Specialty: _____

What is this study about?

To identify and explore avoidable and remediable factors in the process of care for patients with acute pancreatitis.

Inclusions

Patients aged 16 years or older are included in the study if they were admitted to hospital between 1st January 2014 and 30th June 2014 inclusive and were diagnosed with acute pancreatitis

In addition patients must meet one or more of the following criteria

- 1) Had an inpatient stay of 3 or more nights
- 2) Were admitted to critical care during there inpatient stay
- 3) Died in hospital

CPD accreditation:

Consultants who complete NCEPOD questionnaires make a valuable contribution to the investigation of patient care. It also provides an opportunity for consultants to review their clinical management and undertake a period of personal reflection. These activities have a continuing medical and professional development value for individual consultants. Consequently, NCEPOD recommends that consultants who complete NCEPOD questionnaires keep a record of this activity which can be included as evidence of internal/self directed Continuous Professional Development in their appraisal portfolio.

How to complete the form:

Information will be collected using two methods; box cross and free text, where your opinion will be requested.

This form will be electronically scanned. Please use a black or blue pen. Please complete all questions with either block capitals or a bold cross inside the boxes provided e.g.

Did the patient have any radiological intervention or drainage?

Yes No

If you make a mistake, please "black-out" the incorrect box and re-enter the correct information, e.g.

Yes No

Questions or help?

If you have any queries about this study or this questionnaire, please contact

AP@ncepod.org.uk

Or telephone: 020 7251 9060

Thank you for taking the time to complete this questionnaire. The findings of the study will be published in summer 2016.

If you (the clinician completing the questionnaire) would like email confirmation of the completion of this questionnaire for your records, please clearly supply your email address below.

NCEPOD number:



CODES FOR SPECIALTY

SURGICAL SPECIALTIES

100 = General Surgery	107 = Vascular Surgery	161 = Burns Care
101 = Urology	110 = Trauma & Orthopaedics	170 = Cardiothoracic Surgery
103 = Breast Surgery	120 = Ear, Nose & Throat (ENT)	172 = Cardiac Surgery
104 = Colorectal Surgery	130 = Ophthalmology	173 = Thoracic Surgery
105 = Hepatobiliary & Pancreatic Surgery	140 = Oral Surgery	180 = Accident & Emergency
106 = Upper Gastrointestinal Surgery	145 = Maxillo-Facial Surgery	190 = Anaesthetics
	150 = Neurosurgery	192 = Critical/Intensive Care Medicine
	160 = Plastic Surgery	

MEDICAL SPECIALTIES

300 = General Medicine	326 = Acute internal medicine	410 = Rheumatology
301 = Gastroenterology	330 = Dermatology	430 = Geriatric Medicine
302 = Endocrinology	340 = Respiratory Medicine	500 = Obstetrics & Gynaecology
303 = Clinical Haematology	350 = Infectious Diseases	501 = Obstetrics
306 = Hepatology	352 = Tropical Medicine	502 = Gynaecology
307 = Diabetic Medicine	360 = Genito-Urinary Medicine	800 = Clinical Oncology
314 = Rehabilitation	361 = Nephrology	810 = Radiology
315 = Palliative Medicine	370 = Medical Oncology	820 = General Pathology
320 = Cardiology	400 = Neurology	823 = Haematology

CODES FOR GRADE

01 – Consultant	02 – Staff grade/Associate specialist
03 – Trainee with CCT	04 – Senior specialist trainee (ST3+ or equivalent)
05 – Junior specialist trainee (ST1&ST2 or CT equivalent)	06 – Basic grade (HO/FY1 or SHO/FY2 or equivalent)
07 - Specialist Nurse (Nurse consultant, Nurse practitioner, clinical nurse specialist)	08 - Senior staff nurse, enrolled nurse (EN) etc)
09 - 1st Level nurse, staff nurse (RGN)	10 - Non-registered staff (HCA etc.)

DEFINITIONS

Levels of ward care	<p>Level 1: Patients at risk of their condition deteriorating, or those recently relocated from higher levels of care whose needs can be met on an acute ward with additional advice and support from the critical care team.</p> <p>Level 2: (e.g. HDU) Patients requiring more detailed observation or intervention including support for a single failing organ system or post operative care, and those stepping down from higher levels of care. (NB: When Basic Respiratory and Basic Cardiovascular support are provided at the same time during the same critical care spell and no other organ support is required, the care is considered to be Level 2 care).</p> <p>Level 3: (e.g. ICU) Patients requiring advanced respiratory support alone or basic respiratory support together with support of at least two organs. This level includes all complex patients requiring support for multi-organ failure. (NB: Basic Respiratory and Basic Cardiovascular do not count as 2 organs if they occur simultaneously (see above under Level 2 care), but will count as Level 3 if another organ is supported at the same time).</p>		
Chronic kidney disease	Stage	Estimated GFR	Urine output criteria
	CKD 1	90+	Normal kidney function but urine findings and structural abnormalities or genetic trait point to kidney disease
	CKD 2	60-89	Mildly reduced kidney function and other findings (as stage 1) point to kidney disease
	CKD 3	39-59	Moderately reduced kidney function
	CKD 4	15-29	Severely reduced kidney function
	CKD 5	<15	Very severe endstage kidney failure (sometimes called established renal failure)





A. CASE SUMMARY

1. What was the cause of Acute Pancreatitis?

Gallstones

Alcohol

Drugs

(please specify drugs)

Post ERCP

Unknown

Other

(please specify)

2. Please use the box below to provide a brief summary of this case, adding any comments or information you feel relevant. You may also type on a separate sheet.

NCEPOD attaches great importance to this summary. Please give as much information as possible about the care of this patient.





10a. Did the patient have any co-morbid conditions? Yes No

10b. If Yes, please mark all that apply.

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Gallstones | <input type="checkbox"/> Stroke/TIA/carotid surgery | <input type="checkbox"/> COPD/Asthma |
| <input type="checkbox"/> Current cancer treatment | <input type="checkbox"/> Haemodialysis/peritoneal dialysis | <input type="checkbox"/> Cirrhosis |
| <input type="checkbox"/> Angina/previous myocardial infarction | <input type="checkbox"/> Chronic kidney disease (*grade 3-5) * see definitions on pg 2 | <input type="checkbox"/> Trauma |
| <input type="checkbox"/> Please list other major comorbidities | <input type="text"/> | |

10c. Were comorbidities controlled on admission? Yes No N/A

10d. Was a referral made for specialist input with regard to the patients comorbidities? Yes No N/A

C. ADMISSION/RECOGNITION AND DIAGNOSIS OF ACUTE PANCREATITIS

11. Date of admission: Time of admission:
d d m m y y h h m m

12a. Was this admission? Non-elective Elective

- 12b. What was the mode of admission?
- | | |
|---|--|
| <input type="checkbox"/> Via the Emergency department (ED) | <input type="checkbox"/> Hospital transfer |
| <input type="checkbox"/> Following outpatients/telephone consultation | <input type="checkbox"/> Following ERCP |
| <input type="checkbox"/> Direct from a GP | <input type="checkbox"/> Other (please specify) <input type="text"/> |

If the patient was admitted via the emergency department please complete Q13

13a. How long from arrival in ED did patient wait to have baseline observations done? Unknown
h h m m

13b. In your opinion was this appropriate? Yes No

13c. Was an EWS completed in the ED? Yes No

13d. If Yes, which scoring system? NEWS MEWS Other
(please specify)

13e. What was the score?

13f. Did the score trigger a response? Yes No

13g. If Yes, what?

13h. In your opinion was this appropriate? Yes No

13i. If No, why not?

13j. How long from arrival in ED did the patient wait to be seen by a doctor?
h h m m

13k. How long was the patient in the ED before being moved to a ward?
h h m m

13l. In your opinion was the management of the patient in ED satisfactory? Yes No

13m. If No, why was this?



If the patient was a hospital transfer please complete Q14

14a. Was the hospital transfer primarily for management of the patient's Acute Pancreatitis? Yes No

14b. If Yes, what was the main reason for the inter-hospital transfer (please mark all that apply)?

- Specialist AP service Surgical Intervention Interventional Radiology
 Endoscopic intervention Critical care bed Specialist critical care
 Other

(please specify)

14c. Were any problems/delays encountered with the transfer? Yes No Unknown

14d. If Yes, please provide details.

15a. What was the grade and specialty of the Doctor that first assessed the patient (this includes any assessment in the ED)?

please enter grade code from pg 2

Unknown

please enter specialty code from pg 2

Unknown

15b. To what location was the patient first admitted?

see definitions on pg 2

- Medical Assessment/Admissions Unit Hepatology Ward
 Surgical Assessment/Admissions Unit Gastroenterology Ward
 General Surgical Ward Gastrointestinal Surgery Ward
 General Medical Ward High Dependency Unit (level 2 care)
 HPB Surgery Ward Intensive Care Unit (level 3 care)

Other

(please specify)

16a. How did the patient present with their AP (please mark all that apply)?

Abdominal pain Back pain Raised amylase Raised lipase

Shock Vomiting Other

(please specify)

16b. What was the time since onset of AP symptoms?

(time since patient first noticed symptoms at home relative to presentation at hospital)

< 3 hours >3 - 6 hours >6 - 12 hours >12 - 24 hours >24 - 48 hours

>2 - 5 days >5 - 7days > 7 days Unknown





19b. Which of the following medications were stopped?

5-aminosalicylic acid

Steroids

Diuretics

(please specify)

(please specify)

(please specify)

Statins

Azathioprine

Other drugs relevant to the patient's AP

(please specify)

(please specify)

19c. In your opinion was this appropriate?

Yes

No

Unknown

19d. If No, please expand on this

20a. Which of the following investigations were undertaken at the time AP was suspected? (please mark all that apply)

Amylase

Lipase

CRP

Clotting screen

Urea and electrolytes

Group and save

INR/PT

APTR/PTT

Fibrinogen

Full blood count

Liver function tests

Cross-match

Troponin

ECG

ABGs

LDH

Glucose

Serum calcium

Triglycerides

Lipid profile

CXR

Other

(please specify)

20b. In your opinion were all appropriate investigations done?

Yes

No

20c. If No, what was omitted? (please mark all that apply)

Amylase

Lipase

CRP

Clotting screen

Urea and electrolytes

Group and save

INR/PT

APTR/PTT

Fibrinogen

Full blood count

Liver function tests

Cross-match

Troponin

ECG

ABGs

LDH

Glucose

Serum calcium

Triglycerides

Lipid profile

CXR

Other

(please specify)





21a. Please complete the table below for the time frames indicated. If the patients CRP level or a risk assessment score altered the management plan for the patient (e.g CT performed, admitted to critical care, transferred for specialist care) please provide details of this the in box provided

Time from AP diagnosis	CRP mg/L (highest level)	Modified Glasgow score	EWS <div style="border: 1px solid black; width: 100px; height: 15px; margin: 2px 0;"></div> (please specify score and local threshold used)	Management impacted	Details
0 hours	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<div style="border: 1px solid black; width: 100%; height: 60px;"></div>
>0 - 24 hours	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<div style="border: 1px solid black; width: 100%; height: 60px;"></div>
>24 - 48 hours	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<div style="border: 1px solid black; width: 100%; height: 60px;"></div>
>48 - 72 hours	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<div style="border: 1px solid black; width: 100%; height: 60px;"></div>
>3 - 5 days	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>		<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<div style="border: 1px solid black; width: 100%; height: 60px;"></div>
>5 - 7 days	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>		<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<div style="border: 1px solid black; width: 100%; height: 60px;"></div>
> 7 days	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>		<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<div style="border: 1px solid black; width: 100%; height: 60px;"></div>

21b. In your opinion was risk assessment appropriate? Yes No Unknown

21c. If No, what was omitted?





22. How was the AP diagnosed? (please mark all that apply)

Pain Raised enzymes Imaging Other

(please specify)

23a. Was the patient prescribed regular prophylactic Low Molecular Weight Heparin?

Yes No Unknown

23b. In your opinion was VTE prophylaxis adequate?

Yes No Unknown

D. INITIAL MANAGEMENT

24a. What was the lowest oxygen saturation prior to resuscitation?

O₂ sat %

24b. Did the patient have supplemental oxygen prescribed?

Yes No Unknown

24c. Did the patient have supplemental oxygen administered?

Yes No Unknown

24d. If Yes to 24c, did it improve oxygen saturation?

Yes No Unknown

24e. Was management of the patient's oxygenation appropriate?

Yes No Unknown

25a. Did the patient receive IV fluids?

Yes No Unknown

25b. If No, in your opinion should they have?

Yes No Unknown

25c. If Yes to 25b, why was this required?

25d. Please indicate the resuscitation fluids (ml) the patient received during the different time frames below (if none please put a 0)

Time from AP diagnosis	Hartmann's	5% Dextrose	Dextrose Saline	Normal Saline	Other (please specify)	Other (please specify)
0-3 hours	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
> 3 - 6 hours	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
> 6 - 12 hours	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
>12 - 24 hours	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
>24 - 48 hours	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
>48 - 72 hours	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
> 72 hours	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>

25e. In your opinion, was the above fluid management appropriate for the the patient's condition?

Yes No Unknown

25f. If No, please expand on your answer.





26a. Did the patient have a urinary catheter? Yes No Unknown

26b. Did the patient have hourly urinary output monitoring ? Yes No Unknown

26c. Did the patient develop Acute Kidney Injury (AKI)? Yes No Unknown

26d. If Yes to 26c, in your opinion could AKI have been prevented? Yes No Unknown

26e. If Yes to 26d, how could AKI have been prevented? IV fluids Oxygen Stopping nephrotoxic drugs
 Other
 (please specify)

27a. Did the patient require organ support? Yes No Unknown

27b. If Yes was this Cardiovascular Respiratory Renal
 Ventilation CPAP Haemofiltration Haemodialysis

28a. Did the patient have a central line inserted? Yes No Unknown

28b. If Yes was one port reserved for TPN? Yes No Unknown

29a. Were vasoactive drugs commenced during the initial resuscitation? Yes No Unknown

29b. If Yes, which vasoactive drug? Adrenaline Noradrenaline Dobutamine Dopamine
 Other
 (please specify)

29c. What was the maximum dose in the first hour?

29d. If Yes to 29a, please state the time and date:
 Time unknown Date unknown
 h h m m 24 hr clock d d m m y y y y

29e. If Yes to Q29a, did the patient respond to vasoactive drugs? Yes No Unknown

29f. If Yes to Q29e how did they respond? Please mark all that apply
 BP improved BP target reached lactate improved lactate normalised
 Other
 (please specify)

30a. What was their haemoglobin level at the beginning of resuscitation? g/L

30b. Did they receive a blood transfusion? Yes No Unknown

30c. What was the pre-transfusion haemoglobin level? g/L N/A

30d. In your opinion was transfusion appropriate? Yes No Unknown

31a. What was the patient's level of care during initial resuscitation? Level 1 Level 2 Level 3 **see definitions on pg 2**

31b. What was their frequency of monitoring at this time?

Continuous Hourly (or more frequent) >1-2 hourly >2-4 hourly >4-6 hourly
 >6-12 hourly >12 hourly Other Unknown
 (please specify)



32a. Please complete the table below for each antimicrobial the patient was given during this admission

Date commenced		Time commenced		Antibiotic / antifungal	Route		Indication	Duration (days)	Pro-calcitonin measured at outset
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> IV	<input type="checkbox"/> Oral	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> IV	<input type="checkbox"/> Oral	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> IV	<input type="checkbox"/> Oral	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> IV	<input type="checkbox"/> Oral	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> IV	<input type="checkbox"/> Oral	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> IV	<input type="checkbox"/> Oral	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> IV	<input type="checkbox"/> Oral	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> IV	<input type="checkbox"/> Oral	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

32b. In your opinion was the above (antimicrobial management) appropriate for the patient? Yes No

32c. If No, why not?





33. Is there evidence of a consistent structured handover from the day team and out-of-hours team treating this patient? Yes No
 N/A- care was not handed over

34a. Following diagnosis with AP, what was the time/date the patient was first reviewed by a specialist nurse (eg. an HPB nurse specialist or equivalent) on the ward?

Time unknown Date unknown
 h h m m 24 hr clock d d m m y y y y
 N/A not reviewed by specialist nurse

34b. What was the specialty of the nurse?

35a. Following diagnosis with AP, what was the time/date the patient was first reviewed by a medical doctor on the ward?

Time unknown Date unknown
 h h m m 24 hr clock d d m m y y y y

35b. What was the grade and specialty of the clinician? grade (see p.2 for list of grades and specialties)
 specialty

36a. Following diagnosis with AP, (if different from above) what was the first time the patient was reviewed by a consultant?

Time unknown Date unknown
 h h m m 24 hr clock d d m m y y y y

36b. What was the specialty of the consultant? (see p.2 for list specialties)

37a. Following diagnosis with AP, what was the first time the patient was reviewed by a consultant intensivist?

Time unknown N/A - Not reviewed
 h h m m 24 hr clock d d m m y y y y Date unknown

38a. Following diagnosis with AP, what was the first time the patient was reviewed by a trainee intensivist?

Time unknown N/A - Not reviewed
 h h m m 24 hr clock d d m m y y y y Date unknown

38b. What was the grade of the trainee? (see p.2 for list of grades)

39a. Following diagnosis with AP, how often was the patient monitored for standard observations?

Continuous Hourly (or more frequent) >1-2 hourly >2-4 hourly >4-6 hourly
 >6-12 hourly >12 hourly Other Unknown

39b. In your opinion was this appropriate? Yes No





40a. Did patient observations include monitoring with an Early Warning Score? Yes No

40b. If Yes, please specify which one: NEWS MEWS Other

40c. If Yes, is an escalation response required when the score triggers? Yes No

40d. What Early Warning Score triggers a response in this hospital/ward : Unknown

40e. If Yes to 40a, was escalation triggered for this patient? Yes No

40f. If Yes to question 40e, what date/time did the patient first trigger EWS?

Time unknown Date unknown
 h h m m 24 hr clock d d m m y y y y

40g. If Yes to question 40e, what was the date/time of the first documented response?

Time unknown Date unknown
 h h m m 24 hr clock d d m m y y y y

40h. What response was triggered? Review by critical care outreach team (CCOT)

Review by other emergency team eg:
 Medical Emergency Team (MET), Rapid Response Team (RRT)

Review by critical care clinician

Review by other clinician

Other (please state):

40i. In your opinion was this response appropriate? Yes No

40j. In your opinion was this response timely for the patient's condition? Yes No

41a. At any time, following diagnosis with AP, was this patient seen by the CCOT or other emergency team (MET, RRT etc.)? Yes No

41b. If Yes, please state the time/date the patient was first seen:

Time unknown Date unknown
 h h m m 24 hr clock d d m m y y y y

41c. If No to 41a, was this because: Not required Patient admitted directly to critical care

CCOT (or equivalent) not available out of hours

No CCOT (or equivalent) at this hospital

CCOT (or equivalent) did not see patient for other reason - please state:

42a. Was the patient admitted to critical care (HDU or ICU) during this admission? Yes No

42b. If No, in your opinion should they have been? Yes No





42c. If Yes to 42b, why?

43a. If the patient was admitted to critical care (HDU or ICU) during this admission when was this?

h h

m m

Time unknown

24 hr clock

d d

m m

y y y y

Date unknown

43b. Was the patient readmitted to critical care at any point after discharge?

Yes

No

43c. How many days in total did the patient spend on critical care (HDU/ICU)?

E. PAIN MANAGEMENT

44a. Was the patient's pain score measured on admission?

Yes

No

Unknown

44b. If Yes what pain score was used?

What was the score?

45a. How long after admission did the patient first receive analgesia?

days

hours

45b. What type of analgesia was the patient given?

oral paracetamol

oral opiate

oral NSAID

IM morphine

IM NSAID

IV paracetamol

IV NSAID

IV opiate (not PCA)

PCA

epidural analgesia

Other

(please specify)

fentanyl

morphine

other

(please specify)

45c. In your opinion was the patient given adequate analgesia?

Yes

No

Unknown

45d. In No, please expand on your answer

45e. In your opinion was analgesia given in a timely manner?

Yes

No

Unknown

46. Was the patient seen by the acute pain team?

Yes

No

Unknown

47a. In your opinion was the patient's pain adequately controlled during their admission?

Yes

No

Unknown

47b. If No, please expand on this?





F. RADIOLOGY

48a. Did the patient have an ultrasound scan? Yes No Unknown

48b. If Yes what did it show (please mark all that apply)?

Normal Pancreatitis Gallstones CBD stones Dilated CBD

Pancreatic collection Other

49a. Did the patient have an MRCP? Yes No (please specify)

49b. If Yes, was secretin used? Yes No Unknown

49c. If Yes to 49a what did it show (please mark all that apply)?

Gallstones CBD stones Dilated CBD

Other (please specify)

50a. Did the patient have a CT to diagnose AP? Yes No Unknown

50b. If Yes what did this show?

Acute pancreatitis Gallstones Pseudoaneurysm

Pancreatic abscess Obstructing gall stones Pancreatic necrosis %

Portal vein thrombosis Acute fluid collection Peri-pancreatic collection

Pancreatic calcification Infected necrosis Other
(please specify)

50c. Did this include? Non contrast Arterial phase Portal venous phase Unknown

50d. In your opinion was this appropriate? Yes No Unknown

51a. How many CT scans did the patient undergo during this admission?

51b. How many MRI scans did the patient undergo during this admission?

51c. Please complete a row of the table below for each CT or MRI scan undertaken ?

Date and time of scan	Reason for scan	Scan type	Protocol used	Did the scan result change patients management
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="checkbox"/> CT <input type="checkbox"/> MRI	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If this scan changed the patients manangement, how? <input type="text"/>				
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="checkbox"/> CT <input type="checkbox"/> MRI	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If this scan changed the patients manangement, how? <input type="text"/>				
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="checkbox"/> CT <input type="checkbox"/> MRI	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If this scan changed the patients manangement, how? <input type="text"/>				





Date and time of scan	Reason for scan	Scan type	Protocol used	Did the scan result change patients management
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> d d m m h h m m	<input type="text"/>	<input type="checkbox"/> CT <input type="checkbox"/> MRI	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If this scan changed the patients manangement, how?				
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> d d m m h h m m	<input type="text"/>	<input type="checkbox"/> CT <input type="checkbox"/> MRI	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If this scan changed the patients manangement, how?				
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> d d m m h h m m	<input type="text"/>	<input type="checkbox"/> CT <input type="checkbox"/> MRI	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If this scan changed the patients manangement, how?				
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> d d m m h h m m	<input type="text"/>	<input type="checkbox"/> CT <input type="checkbox"/> MRI	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If this scan changed the patients manangement, how?				
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> d d m m h h m m	<input type="text"/>	<input type="checkbox"/> CT <input type="checkbox"/> MRI	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If this scan changed the patients manangement, how?				
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> d d m m h h m m	<input type="text"/>	<input type="checkbox"/> CT <input type="checkbox"/> MRI	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If this scan changed the patients manangement, how?				
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> d d m m h h m m	<input type="text"/>	<input type="checkbox"/> CT <input type="checkbox"/> MRI	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If this scan changed the patients manangement, how?				

51d. In your opinion was the number and timing of scans appropriate for the patient? Yes No

51e. If No, please expand on your answer



**G. ERCP**

52a. Did the patient undergo ERCP during this admission? Yes (please go to Q53) No Unknown

52b. If No, in your opinion should they have? Yes No Unknown

52c. If Yes to 52b, why?

53a. What was the reason for ERCP (please mark all that apply)?

Prevention of gallstone pancreatitis not suitable for laparoscopic cholecystectomy Cholangitis CBD stones Stricture

Suspected ampullary lesion/ pancreatic mass

Other

(please specify)

53b. In your opinion was this appropriate? Yes No Unknown

53c. If No, please expand on this

54a. What was the date/time of the first ERCP during this admission?

d d

m m

y y y y

Date unknown

h h

m m

Time unknown

24 hr clock

54b. In your opinion was this an appropriate time frame? Yes No Unknown

54c. If No what was the reason for the delay?

55a. What was the grade of the endoscopist?

Consultant

Senior trainee (SpR or fellow) directly supervised by consultant

Senior trainee indirectly supervised by consultant

Senior trainee performed alone

55b. Was a trainee assisting? Yes No Unknown

55c. Where was the ERCP undertaken?

ICU (level 3)

HDU (level 2)

Theatre

Endoscopy unit

Radiology department

55d. Was the ERCP carried out under: Conscious sedation No sedation Unconscious sedation General anaesthesia

55e. Was the patient intubated? Yes No





56a. Was sedation undertaken by an anaesthetist? Yes No

56b. If No, was sedation undertaken by the endoscopist? Yes No

56c. If Yes to 56b, who undertook the monitoring? (please specify) Unknown

56d. What monitoring was used? (Please mark all that apply)

Pulse oximetry Blood pressure ECG Pulse

Other (please specify)

56e. In your opinion was documentation of monitoring adequate? Yes No

57. Was there an endoscopy nurse present? Yes No Unknown

58. What was the highest pulse, lowest systolic BP and lowest oxygen saturation during ERCP (please include the other 2 observations recorded at the time of each measurement)?

highest pulse bpm systolic BP mm Hg O₂ %

lowest systolic BP mm Hg pulse bpm O₂ %

lowest O₂ % pulse bpm systolic BP mm Hg

59a. What were the findings of the ERCP?

CBD stones Stricture Ampullary lesion Pancreas divisum

Normal

59b. What treatment was undertaken?

Biliary sphincterotomy Balloon trawl Plastic stent None

Sphincteroplasty Pre-cut sphincterotomy Other

(please specify)

59c. Was the ERCP technically successful? Yes No

60. Total number of ERCPs during this admission?

61a. Were there any complications of ERCP? Yes No

61b. If Yes, what? Exacerbation of Acute Pancreatitis Significant bleeding Death

Cholangitis Visceral perforation

Septic shock Other

(please specify)





H. DEFINITIVE GALLSTONE TREATMENT

62a. If the patient had gallstone pancreatitis did they have definitive management of their gallstones during this admission?

Yes No

N/A - patient did not have gallstone pancreatitis

62b. If No to 62a, what was the reason for deferral?

Severe pancreatitis with ongoing complications

Lack of access to ERCP

Lack of access to emergency theatres

Other

(please specify)

62c. If No to 62a, in your opinion was this appropriate?

Yes No

63a. What was the date/time of the first definitive treatment of gallstones?

d d

m m

y y y y

Date unknown

h h

m m

Time unknown

24 hr clock

63b. In your opinion was this acceptable?

Yes No

63c. If No, did waiting list pressures contribute to this?

Yes No

64a. What definitive management did the patient have?

ERCP and sphincterotomy

Cholecystectomy

Other

(please specify)

64b. In your opinion was this appropriate?

Yes No

Please complete this section if the patient underwent laparoscopic cholecystectomy for management of their gallstones (during this admission or subsequently)

65a. What was the grade of the primary surgeon?

Consultant

Senior trainee supervised by consultant (unscrubbed)

Unknown

Senior trainee (SpR or fellow) supervised by consultant (scrubbed)

Senior trainee performed alone

65b. Was a trainee assisting?

Yes

No

Unknown

65c. What was the specialty of the primary surgeon?

Please enter the specialty code from the list on pg 2

Unknown

65d. What was the sub-specialty interest of the primary surgeon?

Please enter the specialty code from the list on pg 2

Unknown

65e. If the primary surgeon was not a consultant, what was the sub-specialty interest of the supervising consultant?

Please enter the specialty code from the list on pg 2

Unknown

66. What was the grade of the anaesthetist anaesthetising the patient?

Consultant

Senior trainee performed alone

Senior trainee (SpR or fellow) supervised by consultant

Unknown





67a. Did the patient have intraoperative cholangiogram during laparoscopic cholecystectomy? Yes No N/A

67b. If No, what was the reason? Not attempted Technical failure Surgeon unable to perform

Lack of radiology equipment Lack of radiographer Other
(please specify)

67c. Did this alter the management of the patient? Yes No N/A

67d. If Yes, how?

Post-op ERCP Trans-cystic removal CBD stone Lap CBD exploration

Open CBD exploration Other
(please specify)

68a. To what location did the patient go immediately post recovery?

Upper GI surgery ward HPB surgery ward
 General surgical ward High dependency unit (level 2 care)
 Intensive care unit (level 3 care) Other (please specify)

68b. In your opinion was this location appropriate? Yes No

68c. If No, please explain why not?

69a. Did the patient suffer any post-operative complications after this surgery? Yes No

69b. If Yes, which of the following complications (please mark all that apply)?

Return to theatre Sepsis Wound infection/dehiscence Bleeding
 Bile leak Enteric leak/fistula Intra-abdominal abscess Bile duct injury
 Other
(please specify)





I. MANAGEMENT OF PANCREATIC NECROSIS/COMPLICATIONS

70a. Did the patient have any radiological intervention or drainage? Yes No Unknown

70b. If No, in your opinion should they have? Yes No Unknown

70c. If Yes to 70b, please explain?

71a. Did the patient undergo needle aspiration of necrosis? Yes No Unknown

71b. If Yes, please state the time and date this occurred

Time unknown Date unknown
 h h m m 24 hr clock d d m m y y y y

71c. If Yes, what was the indication for this?

71d. In your opinion was this appropriate? Yes No Unknown

71e. In No, please expand on this?

71f. If Yes to 71a, was this decision discussed with a specialist centre prior to performing? Yes No N/A, patient at specialist centre

71g. Was a sample sent for microbiological examination? Yes No Unknown

71h. If Yes, what organism was identified? None

72a. Did the patient undergo radiological drain insertion? Yes No Unknown

72b. If Yes, please state the time and date:

Time unknown Date unknown
 h h m m 24 hr clock d d m m y y y y

72c. If Yes, what was the indication for this?

72d. In your opinion, was this appropriate? Yes No Unknown

72e. If No, please expand on this?

72f. If Yes to 72a, was this discussed with a specialist centre prior to insertion? Yes No N/A, patient at specialist centre

73a. Did the patient undergo another IR procedure? Yes No Unknown

73b. If Yes, what procedure?





79a. Was a pre-op risk assessment performed? Yes No

79b. What scoring system was used ? ASA P-Possum APACHE II

ACSNSQIP risk score Other

80a. What was the grade of the primary surgeon?

- Consultant Senior trainee supervised by consultant (unscrubbed) Unknown
 Senior trainee (SpR or fellow) supervised by consultant (scrubbed) Senior trainee performed alone

80b. Was a trainee assisting? Yes No Unknown

80c. If Yes, what was the grade of the trainee? Please enter the grade from the list on pg 2 Unknown

80d. What was the specialty of the primary surgeon? Please enter the specialty code from the list on pg 2 Unknown

80e. What was the sub-specialty interest of the primary surgeon? Please enter the specialty code from the list on pg 2 Unknown

80f. If the primary surgeon was not a consultant, what was the sub specialty interest of the supervising consultant? Please enter the specialty code from the list on pg 2 Unknown

81. What was the grade of the anaesthetist anaesthetising the patient?

- Consultant Senior trainee performed alone
 Senior trainee (SpR or fellow) supervised by consultant Unknown

82a. What surgical procedure was performed?

82b. In your opinion was this an appropriate procedure for the patient? Yes No

82c. If No, please expand on your answer?

83a. Were antibiotics commenced/continued at the time of surgery? Yes No

83b. In your opinion was this appropriate? Yes No

83c. If No, why not?





84a. To what location did the patient go immediately post recovery?

- | | |
|---|--|
| <input type="checkbox"/> Upper GI surgery ward | <input type="checkbox"/> HPB surgery ward |
| <input type="checkbox"/> General surgical ward | <input type="checkbox"/> High dependency unit (level 2 care) |
| <input type="checkbox"/> Intensive care unit (level 3 care) | <input type="checkbox"/> Other (please specify) <input type="text"/> |

84b. In your opinion, was this appropriate? Yes No

84c. If No, why not?

85a. Did the patient suffer any post-operative complications after this surgery? Yes No

85b. If Yes, please mark all that apply:

- | | | |
|---|---|--|
| <input type="checkbox"/> Return to theatre | <input type="checkbox"/> Sepsis | <input type="checkbox"/> Wound infection |
| <input type="checkbox"/> Wound dehiscence | <input type="checkbox"/> Enteric leak/fistula | <input type="checkbox"/> Intra-abdominal abscess |
| <input type="checkbox"/> Bleeding | <input type="checkbox"/> Pancreatic fistula | <input type="checkbox"/> Bile leak |
| <input type="checkbox"/> Other <input type="text"/> | | |
| (please specify) | | |

86a. Did the patient undergo further surgical, IR or endoscopic procedures for treatment of pancreatic complications? Yes No

86b. If Yes please provide details below



**J. NUTRITION**

- 87a.** Was a nutritional assessment performed? Yes No Unknown
- 87b.** When was this performed?
d d m m y y y y
- 87c.** Who performed assessment? Qualified Nurse Healthcare Assistant Not specified
 Other
(please specify)
- 88a.** Was the patient referred to a dietitian? Yes No Unknown
- 88b.** If Yes, what date was this?
d d m m y y y y
- 88c.** Was the patient seen by a dietitian? Yes No Unknown
- 88d.** If Yes, what date was this?
d d m m y y y y
- 88e.** If No to 88c, in your opinion should they have been? Yes No Unknown
- 88f.** If Yes, why?
- 89.** Was a nutrition team involved with this patient? Yes No Unknown
- 90a.** Was supplemental nutrition considered? Yes No Unknown
- 90b.** If Yes, when was supplemental nutrition started? Unknown
d d m m y y y y Not started
- 90c.** What nutrition was used? Oral diet Build up drinks Nasogastric feeding
 Nasojejunal feeding Peripheral parenteral nutrition
 Parenteral nutrition via central line Other
(please specify)
- 90d.** Were there any delays in initiating nutrition support? Yes No Unknown
- 91.** How many days was the patient nil by mouth? None Unknown
- 92a.** What assessments of nutritional status were used? MUST score Weight BMI
 Anthropometric measurements Other
(please specify)
- 92b.** Were these assessments carried out weekly during the admission? Yes No Unknown
- 92c.** In your opinion, was assessment of the patient's nutritional status adequate? Yes No Unknown





93. Was the patient commenced on pancreatic enzymes? Yes No Unknown

94. Was the patient advised to follow a low fat diet? Yes No Unknown

95. What enteral feed was used? Unknown N/A

96a. In your opinion was the blood glucose adequately monitored? Yes No Unknown

96b. Did the patient require blood glucose control? Yes No Unknown

96c. What method was used? oral hypoglycaemics subcutaneous insulin
 IV sliding scale (variable rate insulin infusion) Other
(please specify)

96d. In your opinion was blood glucose control adequately managed? Yes No Unknown

97a. Did the patient need pancreatic enzyme supplementation? Yes No Unknown

97b. In your opinion, was pancreatic exocrine function adequately assessed? Yes No Unknown

97c. In your opinion, was this adequately treated? Yes No Unknown





K. DISCHARGE

98a. What was the date of discharge or death? Unknown
d d m m y y y y

98b. What was the discharge location?
 Discharged to previous place of residence Patient died during this admission (please go to question 101)
 Discharged to other hospital Other
(please specify)

99a. Was the patient discharged on nutritional support? Yes No Unknown

99b. If Yes, what nutritional support was given?
 Enteral feeding Parenteral feeding Oral supplements

100a. Were further investigations or treatments concerning the patients AP planned for a subsequent appointment? Yes No Unknown

100b. If Yes, what?

100c. In your opinion should the patient have undergone any further investigations, in addition to any detailed in 100a, regarding their AP? Yes No Unknown

100d. If Yes, what and why?



Please answer the following questions if the patient died during this admission

- 101a. Was death anticipated? Yes No Unknown
- 101b. Was treatment limited or withdrawn? Yes No Unknown
- 101c. What was the patient's resuscitation status?
 For resuscitation Not considered
 Not for resuscitation Unknown
- 101d. Was CPR attempted? Yes No Unknown

102. What level ward was the patient on when they died? Please see definitions on pg 2
 Level 0 Level 1 Level 2 Level 3 Unknown

103. What was the cause of death recorded?
1a
1b
1c
2

104. Was this case reported to the coroner? Yes No Unknown
Please return a copy of the coroners report if available
105. Was a hospital or coronial autopsy performed? Yes No Unknown
Please return a copy of the autopsy report if available
- 106a. Was the death discussed in a M & M meeting? Yes No Unknown
- 106b. If Yes were remediable factors in the care of this patient identified? Yes No Unknown

- 106c. If Yes what action was taken?

- 107a. If the patient was not discussed at a M & M meeting, having now reviewed the case, in your opinion are there lessons to be learned? Yes No N/A
 Unknown

- 107b. If Yes, please describe these

Thank you for taking the time to complete this questionnaire



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