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THIS IS A DRAFT FORM. THIS IS A DRAFT FORM. THIS IS A DRAFT FORM. THIS IS A DRAFT FORM. THIS IS A DRAFT FOF THIS IS A DRAFT FORM. THIS IS A DRAFT FORM. B. ADMISSION/RECOGNITION AND DIAGNOSIS OF ACUTE PANCREATITIS NR 5. Date of arrival: NR Time of arrival: d d m m у у THIS IS A DRAFT FORM. Date of admission: NR Time of admission: NR d d m m m m у у Was this admission? 7a. Non-elective Elective Unk What was the mode of admission? 7b. Hospital transfer Via the Emergency department (ED) THIS IS A DRAFT FORM. Following outpatients/telephone consultation Following ERCP THIS IS A DRAFT FORM. Direct from a GP Other (please specify) If the patient was admitted via the emergency department please complete Q8 In your opinion was the initial assessment in ED sufficiently 8a. No Unk Yes quick for the patient's condition? THIS IS A DRAFT FORM. THIS IS A DRAFT FORM. If No, please expand on this. 8b. Was an EWS completed in the ED? 8c. Unk Yes No 8d. If Yes, which scoring system? **MEWS** Other (please specify) 8e. What was the score? Is it documented that the score trigger a response? Yes 8f. THIS IS A DRAFT FORM. THIS IS A DRAFT FORM. If Yes, what? 8g. No In your opinion was this appropriate? 8h. 8i. If No, why not? How long from arrival in ED did the patient wait to be seen by a doctor? 8j. Unk h h m m THIS IS A DRAFT FORM. THIS IS A DRAFT FORM. How long was the patient in the ED before being moved to a ward? 8k. Unk In your opinion was the management of the patient in ED satisfactory? 81. If No, why was this? THIS IS A DRAFT FORM. THIS IS A DRAFT FOH 2

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29a.	Was the patient admitted this admission?) during		Yes	☐ No	□ U	Inknown			
29b.	If No, in your opinion should they have been?						Yes	☐ No	U	Inknown
29c.	If Yes to 29b, why?	why?								
30a.	Was the patient readmi discharge?	tted to critica	al care	at any poin	nt after		Yes	☐ No	☐ U	Inknown
30b.	If No, in your opinion should they have been?						Yes	☐ No	U	Inknown
30c.	If Yes to 29b, why?									
31.	How many days in total	did the patie	ent spe	end on critic	cal care (F	HDU/I	CU)?			
F. P	AIN MANAGEMENT									
32a.	In your opinion, was a patient's pain adequa		of the		Yes	<u> </u>	☐ No		Unkno	wn
32b.	If No, please expand	on this								
32c.	In your opinion, was a patient adequate?	ınalgesia giv	en to t	he	Yes	6	☐ No		Unkno	wn
32d.	If No, please expand	on this								
32e.	In your opinion, was the given to the patient ap		algesi	a	Yes	3	☐ No		Unkno	wn
32f.	If No, what analgesia have been given?	should								
G. F	RADIOLOGY									
33a.	In your opinion, did the appropriate radiologic				☐ Yes	6	☐ No		Unkno	wn
33b.	If No what was omitte	d?		USS	☐ MR	CP	СТ			
				MRI	Oth	ner				
34a.	In your opinion, was the CTs appropriate for the		f	Yes		No		Jnknown		
34b.	If No were there too fe	ew or too ma	ıny?	☐ Too fe	ew] Too	o many			
34c.	If No to 34a, please eanswer?	xpand on you	ur							
34d.	to a constant of the first of			Yes		No	\	Jnknown		
34e.	If No to 34d, please eanswer?	xpand on you	ur	8					F T	
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54a.	Was surgery undertaken for pancreatic complication	ns? Yes	☐ No	Unknown
54b.	If Yes what was the reason for surgery?			
	Infected necrosis Sterile necrosis with with multiple organ dysfun	•	Suspecte	ed infected necrosis
	Pancreatic abscess Pancreatic pseudocys	st	Massive	haemorrhage
	Pancreatic fistula Gastric outflow obstru	uction	Bowel is	chaemia
	Other			
54c.	(please specify) In your opinion was surgery indicated?	Yes	☐ No	Unknown
54d.	If No, please expand on this			
54e.	In your opinion was timing of surgery appropriate?	Yes	☐ No	Unknown
54f.	If No, please expand on this			
55 .	What type of surgery was undertaken?			
	Percutaneous necrosectomy	Open necrosecto	omy Surg	ical drainage
	Endoscopic necrosectomy	Other (please	anaoifu)	
56a.	In your opinion should any of the following have been considered prior to surgical intervention?	Endoscopic drai	nage	diological drainage
57a.	Was the case discussed with a specialist centre?	(please	specify) No	N/A, patient at specialist centre
57b.	Was the patient transferred for surgery?	Yes	☐ No	
58a.	In your opinion was an adequate pre-op risk assessment undertaken?	Yes	☐ No	Unknown
58b.	If No, please expand on this			
59a.	In your opinion was surgery performed by an appropriate surgeon?	Yes	☐ No	Unknown
59b.	If No, please expand on this			
60a.	In your opinion was the anaesthetic given by an appropriate anaethetist?	Yes	☐ No	Unknown
60b.	If No, please expand on this			
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61a.	What surgical procedure was performed?						
61b.	In your opinion was this an appropriate procedure for the patient?						
61c.	If No, please expand on your answer?						
62a.	Were antibiotics commenced/continued at the time of surgery? Yes No Unknown						
62b.	In your opinion was this appropriate?						
62c.	If No, why not? 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)						
63a.	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)						
63b.	In your opinion, was this appropriate?						
63c.	If No, why not?						
64a.	Did the patient suffer any post-operative complications after this surgery?						
64b.	If Yes, please mark all that apply:						
	Return to theatre Sepsis Wound infection						
	Wound dehiscence Enteric leak/fistula Intra-abdominal abscess						
L	Bleeding						
	Other [(please specify)						
64c.	In your opinion, could any of the complications been avoided?						
64d.	If Yes, please expand on your answer?						
65a.	Did the patient undergo further surgical, IR or endoscopic procedures for treatment of pancreatic complications?						
65b.	If Yes, in your opinion was this Yes No Unknown appropriate?						
65c.	If No to 65b, please expand on your answer?						

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