ACUTE PANCREATITIS STUDY
National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

CLINICIAN QUESTIONNAIRE

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 their inpatient stay
3) Died in hospital

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.

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.

NCEPOD number: _______
## CODES FOR SPECIALTY

### SURGICAL SPECIALTIES

<table>
<thead>
<tr>
<th>Code</th>
<th>Specialty</th>
</tr>
</thead>
<tbody>
<tr>
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<td>General Surgery</td>
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<tr>
<td>101</td>
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<td>103</td>
<td>Breast Surgery</td>
</tr>
<tr>
<td>104</td>
<td>Colorectal Surgery</td>
</tr>
<tr>
<td>105</td>
<td>Hepatobiliary &amp; Pancreatic Surgery</td>
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<td>106</td>
<td>Upper Gastrointestinal Surgery</td>
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<td>107</td>
<td>Vascular Surgery</td>
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<td>110</td>
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<tr>
<td>120</td>
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<td>160</td>
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<td>170</td>
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<td>Cardiac Surgery</td>
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### MEDICAL SPECIALTIES

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<td>Diabetic Medicine</td>
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## CODES FOR GRADE

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

## DEFINITIONS

### Levels of ward care

- **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.
- **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).
- **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).

### Chronic kidney disease

<table>
<thead>
<tr>
<th>Stage</th>
<th>Estimated GFR</th>
<th>Urine output criteria</th>
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</thead>
<tbody>
<tr>
<td>CKD 1</td>
<td>90+</td>
<td>Normal kidney function but urine findings and structural abnormalities or genetic trait point to kidney disease</td>
</tr>
<tr>
<td>CKD 2</td>
<td>60-89</td>
<td>Mildly reduced kidney function and other findings (as stage 1) point to kidney disease</td>
</tr>
<tr>
<td>CKD 3</td>
<td>39-59</td>
<td>Moderately reduced kidney function</td>
</tr>
<tr>
<td>CKD 4</td>
<td>15-29</td>
<td>Severely reduced kidney function</td>
</tr>
<tr>
<td>CKD 5</td>
<td>&lt;15</td>
<td>Very severe endstage kidney failure (sometimes called established renal failure)</td>
</tr>
</tbody>
</table>
### 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.**
**B. PATIENT DETAILS**

3. Age at time of admission [ ] years

4. Gender
   - [ ] Male
   - [ ] Female

5a. Height
   - [ ] cm
   - [ ] OR
   - [ ] feet
   - [ ] inches
   - [ ] Not recorded

5b. Weight on admission
   - [ ] kg
   - [ ] OR
   - [ ] st
   - [ ] lb
   - [ ] Not recorded

5c. BMI on admission
   - [ ] Not recorded

6. Smoking history
   - [ ] Non smoker
   - [ ] Ex-smoker
   - [ ] Current smoker
   - [ ] Unknown
   - [ ] packs/week
   - [ ] years smoking

7a. Current drinker
   - [ ] Yes
   - [ ] No
   - [ ] Unknown

7b. If Yes units/week [ ]

8. Family History:
   - [ ] Hereditary Pancreatitis
   - [ ] Cystic Fibrosis
   - [ ] Yes
   - [ ] No
   - [ ] Unknown

9a. Had the patient had a previous admission for Acute Pancreatitis?
   - [ ] Yes
   - [ ] No (please go to question 10)

9b. If Yes, when was their most recent admission (prior to this admission) for Acute Pancreatitis?
   - [ ] d
   - [ ] m
   - [ ] y
   - [ ] Unknown

9c. What was the cause of the above episode of Acute Pancreatitis?
   - [ ] Gallstones
   - [ ] Alcohol
   - [ ] Drugs (please specify drugs)
   - [ ] Post ERCP
   - [ ] Unknown
   - [ ] Other (please specify)

9d. If the patient had gallstone pancreatitis how was this treated (please mark all that apply)?
   - [ ] Cholecystectomy
   - [ ] ERCP
   - [ ] No treatment
   - [ ] N/A
   - [ ] Unknown
   - [ ] Other (please specify)

9e. When was definitive treatment for gallstone pancreatitis (this might be a subsequent admission)?
   - [ ] d
   - [ ] m
   - [ ] y
   - [ ] Unknown
   - [ ] No definitive treatment
   - [ ] N/A

9f. If the patient had alcohol induced pancreatitis were they referred to an alcohol cessation service?
   - [ ] Yes
   - [ ] No
   - [ ] Unknown
   - [ ] N/A
10a. Did the patient have any co-morbid conditions?  
   □ Yes  □ No

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

   □ Gallstones  □ COPD/Asthma
   □ Current cancer treatment  □ Stroke/TIA/carotid surgery
   □ Angina/previous myocardial infarction  □ Haemodialysis/peritoneal dialysis
   □ Chronic kidney disease  □ Cirrhosis
   □ Please list other major comorbidities
   (please specify)

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:  
   (please specify)

12. What was the mode of admission?

   □ Non-elective  □ Elective

   □ Via the Emergency department (ED)
   □ Hospital transfer
   □ Following outpatients/telephone consultation
   □ Following ERCP
   □ Direct from a GP
   □ Other (please specify)

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?  
   (please specify)

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

13e. What was the score?  
   (please specify)

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?  
   (please specify)

13k. How long was the patient in the ED before being moved to a ward?  
   (please specify)

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.

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

15a. please enter grade code from pg 2

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

- Medical Assessment/Admissions Unit
- Surgical Assessment/Admissions Unit
- General Surgical Ward
- General Medical Ward
- HPB Surgery Ward
- Other (please specify)

- Hepatology Ward
- Gastroenterology Ward
- Gastrointestinal Surgery Ward
- High Dependency Unit (level 2 care)
- Intensive Care Unit (level 3 care)

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
17a. On recognition of AP what was the patient’s first pulse, systolic blood pressure and O₂ saturation?

   Pulse [ ] [ ] bpm  Systolic BP [ ] [ ] mm Hg  O₂ sat [ ] [ ]%

17b. Was an EWS performed following admission?  
   Yes [ ]  No [ ]

17c. If Yes, which scoring system?  
   NEWS [ ]  MEWS [ ]  Other [ ]

17d. What was the score?  
   [ ] [ ] [ ] [ ]

17e. Did the score trigger a response?  
   Yes [ ]  No [ ]

17f. If Yes, what?  
   [ ] [ ] [ ]

17g. In your opinion was this appropriate?  
   Yes [ ]  No [ ]

17h. If No why not?  
   [ ] [ ] [ ]

18a. What was the date of the first registrar (ST3 or above) review post admission?  
   [ ] [ ] [ ] [ ]  Unknown [ ]

18b. What was the time of this review?  
   [ ] [ ]  Unknown [ ]

18c. What was the specialty of the registrar?  
   [ ] [ ] [ ] [ ]

18d. What was the date of the first consultant review post admission?  
   [ ] [ ] [ ] [ ]  Unknown [ ]

18e. What was the time of this review?  
   [ ] [ ] [ ]  Unknown [ ]

18f. What was the specialty of the consultant?  
   [ ] [ ] [ ] [ ]

19a. Which of the following medication was the patient on prior to their admission for AP?

   Yes [ ]  No [ ]

   5-aminosalicylic acid [ ]  Steroids [ ]  Diuretics [ ]

   (please specify) [ ] [ ] [ ]

   Statins [ ]  Azathioprine [ ]  Other drugs relevant to the patient’s AP [ ]

   (please specify) [ ] [ ] [ ]
19b. Which of the following medications were stopped?

- [ ] 5-aminosalicylic acid
- [ ] Steroids
- [ ] Diuretics

(please specify)

- [ ] Statins
- [ ] Azathioprine

(please specify)

- [ ] Other drugs relevant to the patient's AP

(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
- [ ] Lipase
- [ ] 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
- [ ] Lipase
- [ ] 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 in the box provided.

<table>
<thead>
<tr>
<th>Time from AP diagnosis</th>
<th>CRP mg/L (highest level)</th>
<th>Modified Glasgow score</th>
<th>EWS</th>
<th>Management impacted</th>
<th>Details</th>
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<td>0 hours</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
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<td>&gt;0 - 24 hours</td>
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<td>&gt;24 - 48 hours</td>
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<td>&gt;48 - 72 hours</td>
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<td>&gt;3 - 5 days</td>
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<td>Yes</td>
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<td>&gt;7 days</td>
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### 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?

- [ ] \( O_2 \text{ sat} \) %

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?

(please specify)

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

<table>
<thead>
<tr>
<th>Time from AP diagnosis</th>
<th>Hartmann's</th>
<th>5% Dextrose</th>
<th>Dextrose Saline</th>
<th>Normal Saline</th>
<th>Other (please specify)</th>
<th>Other (please specify)</th>
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</tbody>
</table>

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

- [ ] Yes
- [ ] No
- [ ] Unknown

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

(please specify)
What was their haemoglobin level at the beginning of resuscitation?

Were vasoactive drugs commenced during the initial resuscitation?

If Yes to 29a, please state the time and date:

If Yes to Q29a, did the patient respond to vasoactive drugs?

If Yes to Q29e, how did they respond? Please mark all that apply

If Yes to Q29f, how could AKI have been prevented?

What was the patient’s level of care during initial resuscitation?  

What was their frequency of monitoring at this time?

In your opinion was transfusion appropriate?

What was the pre-transfusion haemoglobin level?

In your opinion was transfusion appropriate?

What was their level of care during initial resuscitation?  

What was their frequency of monitoring at this time?
### 32a. Please complete the table below for each antimicrobial the patient was given during this admission

<table>
<thead>
<tr>
<th>Date commenced</th>
<th>Time commenced</th>
<th>Antibiotic / antifungal</th>
<th>Route</th>
<th>Indication</th>
<th>Duration (days)</th>
<th>Pro-calcitonin measured at outset</th>
</tr>
</thead>
<tbody>
<tr>
<td>d d m m h h m m</td>
<td></td>
<td></td>
<td>IV</td>
<td></td>
<td></td>
<td>Yes No</td>
</tr>
<tr>
<td>d d m m h h m m</td>
<td></td>
<td></td>
<td>IV</td>
<td></td>
<td></td>
<td>Yes No</td>
</tr>
<tr>
<td>d d m m h h m m</td>
<td></td>
<td></td>
<td>IV</td>
<td></td>
<td></td>
<td>Yes No</td>
</tr>
<tr>
<td>d d m m h h m m</td>
<td></td>
<td></td>
<td>IV</td>
<td></td>
<td></td>
<td>Yes No</td>
</tr>
<tr>
<td>d d m m h h m m</td>
<td></td>
<td></td>
<td>IV</td>
<td></td>
<td></td>
<td>Yes No</td>
</tr>
<tr>
<td>d d m m h h m m</td>
<td></td>
<td></td>
<td>IV</td>
<td></td>
<td></td>
<td>Yes No</td>
</tr>
</tbody>
</table>

**In your opinion was the above (antimicrobial management) appropriate for the patient?**

[ ] Yes [ ] No

**If No, why not?**

---

12
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: [ ] h h m m 24 hr clock
- Date unknown: [ ] 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: [ ] h h m m 24 hr clock
- Date unknown: [ ] 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: [ ] h h m m 24 hr clock
- Date unknown: [ ] 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: [ ] h h m m 24 hr clock
- Date unknown: [ ] d d m m y y y y
- N/A - Not reviewed: [ ]

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

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

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?

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

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

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

40h. What response was triggered?

☐ Review by critical care outreach team (CCOT)

☐ Medical Emergency Team (MET), Rapid Response Team (RRT)

☐ Review by critical care clinician

☐ Review by other clinician

☐ (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:

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

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?

☐ Time unknown
☐ 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  
- [ ] Unknown

**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?

<table>
<thead>
<tr>
<th>Date and time of scan</th>
<th>Reason for scan</th>
<th>Scan type</th>
<th>Protocol used</th>
<th>Did the scan result change patients management</th>
</tr>
</thead>
<tbody>
<tr>
<td>d d m m h h m m</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If this scan changed the patients management, how?
- [ ] CT  
- [ ] MRI

| d d m m h h m m       |                 |           |               |                                               |

If this scan changed the patients management, how?
- [ ] CT  
- [ ] MRI

| d d m m h h m m       |                 |           |               |                                               |

If this scan changed the patients management, how?
<table>
<thead>
<tr>
<th>Date and time of scan</th>
<th>Reason for scan</th>
<th>Scan type</th>
<th>Protocol used</th>
<th>Did the scan result change patients management</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>CT</td>
<td></td>
<td>Yes [ ] No [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MRI</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>CT</td>
<td></td>
<td>Yes [ ] No [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MRI</td>
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<td></td>
<td></td>
<td>CT</td>
<td></td>
<td>Yes [ ] No [ ]</td>
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<tr>
<td></td>
<td></td>
<td>MRI</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td>CT</td>
<td></td>
<td>Yes [ ] No [ ]</td>
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<tr>
<td></td>
<td></td>
<td>MRI</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>CT</td>
<td></td>
<td>Yes [ ] No [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MRI</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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?  
☐ Date unknown  
☐ Time unknown

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?

- [ ] Date unknown
- [ ] Time unknown

**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)
- [ ] Senior trainee supervised by consultant (scrubbed)
- [ ] Senior trainee performed alone
- [ ] Unknown

**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

<table>
<thead>
<tr>
<th>h</th>
<th>m</th>
<th>24 hr clock</th>
<th>d</th>
<th>m</th>
<th>y</th>
<th>y</th>
<th>y</th>
<th>y</th>
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<td>Date unknown</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>h</th>
<th>m</th>
<th>24 hr clock</th>
<th>d</th>
<th>m</th>
<th>y</th>
<th>y</th>
<th>y</th>
<th>y</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time unknown</td>
<td>Date unknown</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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?
74a. Was surgery undertaken for pancreatic complications
☐ Yes ☐ No, please go to question 87

74b. If Yes what was the reason for surgery?

☐ Infected necrosis ☐ Sterile necrosis with worsening multiple organ dysfuntion syndrome
☐ Pancreatic abscess ☐ Pancreatic pseudocyst
☐ Pancreatic fistula ☐ Gastric outflow obstruction
☐ Other (please specify)

75a. What was the date and time when surgery was considered?
Date d d m m y y ☐ Unknown Time h h m m ☐ Unknown

75b. What was the date and time when surgery was performed?
Date d d m m y y ☐ Unknown Time h h m m ☐ Unknown

75c. In your opinion was timing of surgery appropriate?
☐ Yes ☐ No ☐ Unknown

75d. If No, please expand

76. What type of surgery was undertaken?

☐ Percutaneous necrosectomy ☐ Open necrosectomy ☐ Surgical drainage
☐ Endoscopic necrosectomy ☐ Other (please specify)

77a. Were any of the following considered prior to surgical intervention?

☐ Endoscopic drainage ☐ Radiological drainage

77b. In your opinion should they have been?
☐ Yes ☐ No

78a. Was the case discussed with a specialist centre?
☐ Yes ☐ No ☐ N/A, patient at specialist centre

78b. Was the patient transferred for surgery?
☐ Yes ☐ No
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?

80d. What was the specialty of the primary surgeon?

80e. What was the sub-specialty interest of the primary surgeon?

80f. If the primary surgeon was not a consultant, what was the sub-specialty interest of the supervising consultant?

81. What was the grade of the anaesthetist anaesthetising the patient?
□ Consultant  □ Senior trainee performed alone  □ Unknown
□ Senior trainee (SpR or fellow) supervised by consultant

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?

- 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)

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:

- Return to theatre
- Sepsis
- Wound infection
- Wound dehiscence
- Enteric leak/fistula
- Intra-abdominal abscess
- Bleeding
- Pancreatic fistula
- Bile leak
- Other (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

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was a nutritional assessment performed?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>When was this performed?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Who performed assessment?</td>
<td>Qualified Nurse, Healthcare Assistant, Not specified, Other (please specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was the patient referred to a dietitian?</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>If Yes, what date was this?</td>
<td></td>
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<td></td>
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<tr>
<td>Was the patient seen by a dietitian?</td>
<td></td>
<td></td>
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<tr>
<td>If Yes, what date was this?</td>
<td></td>
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<tr>
<td>If No to 88c, in your opinion should they have been?</td>
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<tr>
<td>If Yes, why?</td>
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<tr>
<td>Was a nutrition team involved with this patient?</td>
<td></td>
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<tr>
<td>Was supplemental nutrition considered?</td>
<td></td>
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<td></td>
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<tr>
<td>If Yes, when was supplemental nutrition started?</td>
<td></td>
<td></td>
<td></td>
<td>Not started</td>
</tr>
<tr>
<td>What nutrition was used?</td>
<td>Oral diet, Build up drinks, Nasogastric feeding, Parenteral nutrition via central line, Other (please specify)</td>
<td></td>
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<tr>
<td>Were there any delays in initiating nutrition support?</td>
<td></td>
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<tr>
<td>How many days was the patient nil by mouth?</td>
<td></td>
<td></td>
<td></td>
<td>None</td>
</tr>
<tr>
<td>What assessments of nutritional status were used?</td>
<td>MUST score, Anthropometric measurements, Other (please specify)</td>
<td></td>
<td></td>
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<tr>
<td>Were these assessments carried out weekly during the admission?</td>
<td></td>
<td></td>
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<tr>
<td>In your opinion, was assessment of the patient's nutritional status adequate?</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
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  
   □ □ □  
   □ □ □  
   □ □ □  
   □ Unknown  
   □ □ □  
   □ □ □  
   □ □ □  
   □ Unknown  
   □ □ □  
   □ □ □  
   □ □ □  
   □ Unknown

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

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 patient’s 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?    □ 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
Funding for this study was provided by The Healthcare Quality Improvement Partnership (HQIP) as part of The Clinical Outcome Review Programme into medical and surgical care.

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