### A. PATIENT DETAILS/PREVIOUS ADMISSIONS

<table>
<thead>
<tr>
<th>1. Age at time of admission</th>
<th>2. Gender</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
</tr>
<tr>
<td></td>
<td>Female</td>
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<table>
<thead>
<tr>
<th>2. What was the cause of Acute Pancreatitis?</th>
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<tbody>
<tr>
<td>Gallstones</td>
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<tr>
<td>Post ERCP</td>
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</table>

<table>
<thead>
<tr>
<th>3a. Is it documented that the patient had had a previous admission for Acute Pancreatitis?</th>
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<tbody>
<tr>
<td>Yes</td>
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<thead>
<tr>
<th>3b. If Yes, when was their most recent admission (prior to this admission) for Acute Pancreatitis?</th>
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<tr>
<td>d d m m y y</td>
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<thead>
<tr>
<th>3c. What was the cause of the above episode of Acute Pancreatitis?</th>
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<tbody>
<tr>
<td>Gallstones</td>
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<tr>
<td>Post ERCP</td>
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<thead>
<tr>
<th>3d. If the patient had gallstone pancreatitis how was this treated (please mark all that apply)?</th>
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<tbody>
<tr>
<td>Cholecystectomy</td>
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<tr>
<td>Other (please specify)</td>
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<thead>
<tr>
<th>3e. If the patient had alcohol induced pancreatitis were they referred to an alcohol cessation service?</th>
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<tr>
<td>Yes</td>
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<thead>
<tr>
<th>4a. Did the patient have any co-morbid conditions?</th>
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<td>Yes</td>
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<thead>
<tr>
<th>4b. If Yes, please mark all that apply.</th>
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<tbody>
<tr>
<td>Gallstones</td>
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<tr>
<td>Current cancer treatment</td>
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<tr>
<td>Angina/previous myocardial infarction</td>
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<th>4c. If Yes to 4a, in your opinion did any of the comorbidities contribute to the outcome or severity of the attack of AP?</th>
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<tbody>
<tr>
<td>Yes</td>
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<thead>
<tr>
<th>4d. If Yes to 4c, which and how?</th>
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</table>
### B. ADMISSION/RECOGNITION AND DIAGNOSIS OF ACUTE PANCREATITIS

<table>
<thead>
<tr>
<th>5. Date of arrival:</th>
<th></th>
<th></th>
<th>□ NR</th>
<th>Time of arrival:</th>
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<th></th>
<th>□ NR</th>
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<tr>
<td>d d</td>
<td>m m</td>
<td>y y</td>
<td>NR</td>
<td>h h</td>
<td>m m</td>
<td>NR</td>
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</table>

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<tr>
<th>6. Date of admission:</th>
<th></th>
<th></th>
<th>□ NR</th>
<th>Time of admission:</th>
<th></th>
<th></th>
<th>□ NR</th>
</tr>
</thead>
<tbody>
<tr>
<td>d d</td>
<td>m m</td>
<td>y y</td>
<td>NR</td>
<td>h h</td>
<td>m m</td>
<td>NR</td>
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</tbody>
</table>

#### 7a. Was this admission?  
- □ Non-elective  
- □ Elective  
- □ Unk

#### 7b. What was the mode of admission?  
- □ 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 Q8**

#### 8a. In your opinion was the initial assessment in ED sufficiently quick for the patient’s condition?  
- □ Yes  
- □ No  
- □ Unk

#### 8b. If No, please expand on this.  

#### 8c. Was an EWS completed in the ED?  
- □ Yes  
- □ No  
- □ Unk

#### 8d. If Yes, which scoring system?  
- □ NEWS  
- □ MEWS  
- □ Other  

#### 8e. What was the score?  
(please specify)

#### 8f. Is it documented that the score trigger a response?  
- □ Yes  
- □ No

#### 8g. If Yes, what?

#### 8h. In your opinion was this appropriate?  
- □ Yes  
- □ No

#### 8i. If No, why not?

#### 8j. How long from arrival in ED did the patient wait to be seen by a doctor?  
- h h  
- m m  
- □ Unk

#### 8k. How long was the patient in the ED before being moved to a ward?  
- h h  
- m m  
- □ Unk

#### 8l. In your opinion was the management of the patient in ED satisfactory?  
- □ Yes  
- □ No

#### 8m. If No, why was this?
If the patient was a hospital transfer please complete Q9

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
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<tbody>
<tr>
<td>9a. Was the hospital transfer primarily for</td>
<td>Yes [ ] No [ ]</td>
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<tr>
<td>management of the patient's Acute Pancreatitis?</td>
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<tr>
<td>9b. If Yes, what was the main reason for the</td>
<td>Specialist AP service [ ] surgical</td>
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<tr>
<td>inter-hospital transfer (please mark all that</td>
<td>intervention [ ] Interventional</td>
</tr>
<tr>
<td>apply)?</td>
<td>Radiology [ ] Endoscopic</td>
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<tr>
<td></td>
<td>intervention [ ] Critical care</td>
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<td></td>
<td>bed [ ] Specialist critical care</td>
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<tr>
<td></td>
<td>Other [ ] Unknown</td>
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<tr>
<td>(please specify)</td>
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<tr>
<td>9c. Were any problems/delays encountered with the</td>
<td>Yes [ ] No [ ] Unk [ ]</td>
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<tr>
<td>transfer?</td>
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<tr>
<td>9d. If Yes, please provide details.</td>
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<tr>
<td>9e. In your opinion was the transfer of the</td>
<td>Yes [ ] No [ ] Unk [ ]</td>
</tr>
<tr>
<td>patient appropriate?</td>
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<tr>
<td>9f. If No, why not?</td>
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</table>

10a. What was the grade of the Doctor that first    | grade please use drop down box as  |
      assessed the patient (this includes any       | Gib EQAF and add Not recorded   |
      assessment in the ED)?                          |                                   |
10b. To what location was the patient first        | Medical Assessment/Admissions Unit |
      admitted?                                       | Hepatology Ward                   |
|                                                   | Surgical Assessment/Admissions Unit|
|                                                   | Gastroenterology Ward              |
|                                                   | General Surgical Ward              |
|                                                   | Gastrointestinal Surgery Ward      |
|                                                   | General Medical Ward               |
|                                                   | High Dependency Unit (level 2 care)|
|                                                   | Intensive Care Unit (level 3 care) |
|                                                   | Other [ ] Not Recorded             |
| (please specify)                                   |                                   |
11a. How did the patient present with their AP     | Abdominal pain [ ] Back pain [ ]   |
      (please mark all that apply)?                   | Raised amylase [ ] Raised lipase  |
|                                                   | Shock [ ] Vomiting [ ] Other [ ]    |
|                                                   | (please specify)                   |
| 11b. What was the time since onset of AP          | <3 hours [ ] >3 - 6 hours [ ] >6 - |
| symptoms?                                         | 12 hours [ ] >12 - 24 hours [ ] >24 |
|                                                   | - 48 hours [ ] >2 - 5 days [ ] >5 -|
|                                                   | 7 days [ ] Unknown [ ]              |
| (time since patient first noticed symptoms at     |  
12a. On recognition of AP what was the patient's first pulse, systolic blood pressure and $O_2$ saturation?

Pulse  bpm  Systolic BP  mm Hg  $O_2$ sat  %

12b. Was an EWS performed following admission?  Yes  No  Unk

12c. If Yes, which scoring system?  NEWS  MEWS  Other

12d. What was the score?  Unk

12e. Did the score trigger a response?  Yes  No  Unk

12f. If Yes, what?

12g. In your opinion was this appropriate?  Yes  No  Unk

12h. If No why not?

13a. Was there a timely senior review for this patient?  Yes  No  UnK

13b. If No, please expand on this

14a. From the case notes can you identify when the first consultant review was undertaken?  Yes  No

14b. If Yes, in your opinion was this review sufficiently prompt for the patient's condition?  Yes  No  UnK

14c. If No, please expand on this

15a. Which of the following medication was the patient on prior to their admission for AP?

- 5-aminosalicylic acid
- Steroids
- Diuretics
- Azathioprine
- Azathioprine
- Other drugs relevant to the patient's AP
- (please specify)
- (please specify)
- (please specify)
15b. Which of the following medications were stopped?

- 5-aminosalicylic acid
- Steroids
- Diuretics
- Statins
- Azathioprine
- Other drugs relevant to the patient's AP

(please specify)

15c. In your opinion was this appropriate?

- Yes
- No
- Unknown

15d. If No, please expand on this

16a. In your opinion were all appropriate investigations done?

- Yes
- No

16b. 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)

16c. In your opinion was the patient over investigated?

- Yes
- No
- Unknown

17a. In your opinion was risk assessment appropriate?

- Yes
- No
- Unknown

17b. If No, what was omitted?

18a. How was the AP diagnosed? (please mark all that apply)

- Pain
- Raised enzymes
- Imaging
- Other

(please specify)

18b. In your opinion was AP diagnosed appropriately?

- Yes
- No
- Unknown

18c. If No, please expand.
19a. Was the patient prescribed regular prophylactic Low Molecular Weight Heparin?  
☐ Yes  ☐ No  ☐ Unknown

19b. If No, in your opinion should they have been?  
☐ Yes  ☐ No  ☐ Unknown

19c. In your opinion was VTE prophylaxis adequate?  
☐ Yes  ☐ No  ☐ Unknown

19d. If No, please expand

---

D. INITIAL MANAGEMENT

20a. In your opinion was the patient adequately oxygenated during initial management?  
☐ Yes  ☐ No  ☐ Unknown

20b. If No, please expand

---

21a. In your opinion was IV resuscitation adequate for the patient’s condition during initial management?  
☐ Yes  ☐ No  ☐ Unknown

21b. If No, please expand

---

22a. In your opinion was renal function managed appropriately during initial management?  
☐ Yes  ☐ No  ☐ Unknown

22b. If No, please expand

---

23a. Did the patient require organ support?  
☐ Yes  ☐ No  ☐ Unknown

23b. If Yes was this  
☐ Cardiovascular  ☐ Respiratory  ☐ Renal  
☐ Ventilation  ☐ CPAP  ☐ Haemofiltration  ☐ Haemodialysis

23c. In your opinion was organ support adequate for the patient’s condition during initial management?  
☐ Yes  ☐ No  ☐ Unknown

23d. If No, please expand

---

24a. What was the patient’s level of care during initial resuscitation?  
☐ Level 1  ☐ Level 2  ☐ Level 3  
☐ Unknown

24b. 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  
(please specify)  
☐ Unknown

24c. In your opinion was the frequency of monitoring adequate for the patient’s condition?  
☐ Yes  ☐ No  ☐ Unknown

24d. If No, please expand
E. ONGOING MANAGEMENT

25a. Following diagnosis with AP, in your opinion, did the patient receive timely and an adequate number of senior reviews for their condition?  
☐ Yes  ☐ No  ☐ Unknown

25b. If No, please expand on your answer

26a. Following diagnosis with AP, in your opinion, was the patient reviewed by all the appropriate specialties for their condition?  
☐ Yes  ☐ No  ☐ Unknown

26b. If No, which specialty(s) reviews were omitted?  
☐ General surgery  ☐ Specialist surgery  
☐ Critical care medicine  ☐ Gastroenterology  
☐ Acute physician  ☐ Other

27a. Did patient observations include monitoring with an Early Warning Score?  
☐ Yes  ☐ No

27b. If Yes, please specify which one:  
☐ NEWS  ☐ MEWS  ☐ Other

27c. If Yes to 27a, was escalation triggered for this patient?  
☐ Yes  ☐ No  ☐ Unknown

27d. If Yes to 27c What response was triggered?  
☐ Review by critical care outreach team (CCOT)  
☐ Review by critical care clinician  
☐ Review by other clinician

☐ Medical Emergency Team (MET), Rapid Response Team (RRT)  
☐ Other (please state):

27e. In your opinion was this response appropriate?  
☐ Yes  ☐ No  ☐ Unknown

27f. If No, please expand on your answer

27g. In your opinion was this response timely for the patient's condition?  
☐ Yes  ☐ No  ☐ Unknown

27h. If No, please expand on your answer

28a. At any time, following diagnosis with AP, is it documented that the patient was seen by the CCOT or other emergency team (MET, RRT etc.)?  
☐ Yes  ☐ No  ☐ Unknown

28b. If No, in your opinion should they have been?  
☐ Yes  ☐ No  ☐ Unknown

28c. If Yes, please expand on your answer
In your opinion, was assessment of the patient's pain adequate?

If No, please expand on this

In your opinion, was analgesia given to the patient adequate?

If No, please expand on this

In your opinion, was the type of analgesia given to the patient appropriate?

If No, what analgesia should have been given?

In your opinion, did the patient have appropriate radiological investigations?

If No what was omitted?

In your opinion, was the number of CTs appropriate for this patient?

If No were there too few or too many?

In your opinion, was the timing of CTs appropriate for this patient?

If No to 34d, please expand on your answer?

In your opinion, was the patient admitted to critical care (HDU or ITU) during this admission?

If No, in your opinion should they have been?

If Yes to 29b, why?

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

If No, in your opinion should they have been?

If Yes to 29b, why?

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

In your opinion, was analgesia given to the patient adequate?

If No, please expand on this

In your opinion, was the type of analgesia given to the patient appropriate?

If No, what analgesia should have been given?
### G. ERCP

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
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<tbody>
<tr>
<td>35a. Did the patient undergo ERCP during this admission?</td>
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<tr>
<td>[ ] Yes (please go to Q34)</td>
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<td>[ ] No</td>
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<tr>
<td>[ ] Unknown</td>
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<tr>
<td>35b. If No, in your opinion should they have?</td>
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<td>[ ] Yes</td>
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<td>[ ] No</td>
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<td>[ ] Unknown</td>
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<td>35c. If Yes to 35b, why?</td>
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<td>36a. What was the reason for ERCP (please mark all that apply)?</td>
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<tr>
<td>[ ] Prevention of gallstone pancreatitis not suitable for laparoscopic choledocholithotomy</td>
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<tr>
<td>[ ] Cholangitis</td>
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<tr>
<td>[ ] CBD stones</td>
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<tr>
<td>[ ] Stricture</td>
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<tr>
<td>[ ] Suspected ampullary lesion/ pancreatic mass</td>
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<td>[ ] Other (please specify)</td>
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<td>36b. In your opinion was this appropriate?</td>
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<td>[ ] Yes</td>
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<td>[ ] No</td>
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<td>[ ] Unknown</td>
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<tr>
<td>36c. If No, please expand on this</td>
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<tr>
<td>37a. In your opinion was ERCP performed within an appropriate time frame?</td>
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<td>[ ] Yes</td>
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<td>[ ] No</td>
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<td>[ ] Unknown</td>
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<td>37b. If No, please expand on this</td>
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<td>38a. Was the ERCP carried out under:</td>
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<tr>
<td>[ ] Conscious sedation</td>
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<tr>
<td>[ ] No sedation</td>
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<td></td>
<td></td>
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<tr>
<td>[ ] Unconscious sedation</td>
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<tr>
<td>[ ] General anaesthesia</td>
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<tr>
<td>38b. In your opinion was choice of sedation appropriate for this patient?</td>
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<td>[ ] Yes</td>
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<td>[ ] No</td>
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<td>[ ] Unknown</td>
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<td>38c. If No, please expand on this</td>
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<tr>
<td>39a. In your opinion were monitoring methods used during this procedure adequate?</td>
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<td>[ ] Yes</td>
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<td>[ ] Unknown</td>
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<td>39b. If No, please expand on this</td>
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<tr>
<td>40a. In your opinion were staffing levels during this procedure appropriate?</td>
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<td>[ ] Yes</td>
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<td>[ ] No</td>
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<tr>
<td>[ ] Unknown</td>
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<tr>
<td>40b. If No, please expand on this</td>
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</table>
41a. What were the findings of the ERCP?
- CBD stones
- Stricture
- Ampullary lesion
- Pancreas divisum
- Normal
- Other

41b. What treatment was undertaken?
- Biliary sphincterotomy
- Balloon trawl
- Plastic stent
- None
- Sphincteroplasty
- Pre-cut sphincterotomy
- Other

41c. Was the ERCP technically successful?
- Yes
- No
- Unknown

41d. In your opinion was the treatment undertaken appropriate for this patient?
- Yes
- No
- Unknown

41e. If No, please expand on this

42. Total number of ERCPs during this admission?

42a. Were there any complications of ERCP?
- Yes
- No

42b. If Yes, what?
- Exacerbation of Acute Pancreatitis
- Significant bleeding
- Death
- Cholangitis
- Visceral perforation
- Septic shock
- Other

42c. In your opinion were any of these complications avoidable?
- Yes
- No
- Unknown

42d. If Yes, please expand on this

H. DEFINITIVE GALLSTONE TREATMENT

42a. If the patient had gallstone pancreatitis did they have definitive management of their gallstones during this admission?
- Yes
- No
- Unknown
- N/A - patient did not have gallstone pancreatitis

42b. If No, should they have had definitive management during this admission?
- Yes
- No
- Unknown

42c. If Yes to 42b, please expand on this
43a. What definitive management did the patient have?

- ERCP and sphincterotomy
- Cholecystectomy
- Other

(please specify)

43b. In your opinion was this appropriate?

- Yes
- No

44a. In your opinion was surgery performed by an appropriate surgeon?

- Yes
- No
- Unknown

44b. If No, please expand on this

45a. In your opinion was the anaesthetic given by an appropriate anaesthetist?

- Yes
- No
- Unknown

45b. If No, please expand on this

46a. Did the patient have intraoperative cholangiogram during laparoscopic cholecystectomy?

- Yes
- No
- Unknown

46b. In your opinion were appropriate measures taken to identify CBD stones?

- Yes
- No
- Unknown

46c. If No, please expand on this

47a. In your opinion were any identified CBD stones managed correctly?

- Yes
- No
- Unknown

47b. If No, please expand on this

48a. Did the patient suffer any post-operative complications after this surgery?

- Yes
- No
- Unknown

48b. 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

48c. In your opinion were any of the complications avoidable?

- Yes
- No
- Unknown

48d. If Yes, please expand on this

49a. In your opinion was the post-operative management of the patient satisfactory?

- Yes
- No
- Unknown

49b. If No, please expand on this


### I. MANAGEMENT OF PANCREATIC NECROSIS/COMPLICATIONS

50a. Did the patient have any radiological intervention or drainage?  
☐ Yes ☐ No ☐ Unknown

50b. If No, in your opinion should they have?  
☐ Yes ☐ No ☐ Unknown

50c. If Yes to 50b, please explain?

51a. Did the patient undergo needle aspiration of necrosis?  
☐ Yes ☐ No ☐ Unknown

51b. If Yes, in your opinion was this indicated?  
☐ Yes ☐ No ☐ Unknown

51c. If No, please expand on this?

51d. In Your opinion, was there adequate discussion with a specialist centre regarding needle aspiration?  
☐ Yes ☐ No ☐ Unknown

51e. If No, please expand on this?

52a. Did the patient undergo radiological drain insertion?  
☐ Yes ☐ No ☐ Unknown

52b. If Yes, in your opinion was this indicated?  
☐ Yes ☐ No ☐ Unknown

52c. If No, please expand on this?

52d. In Your opinion, was there adequate discussion with a specialist centre regarding radiological drain insertion?  
☐ Yes ☐ No ☐ Unknown

52e. If No, please expand on this?

53a. Did the patient undergo another IR procedure?  
☐ Yes ☐ No ☐ Unknown

53b. If Yes, what procedure?

53c. If Yes to 53a, in your opinion was this indicated?  
☐ Yes ☐ No ☐ Unknown

53d. If No, please expand on this?

53e. If No to 53a, in your opinion should they have had a further IR procedure?  
☐ Yes ☐ No ☐ Unknown
54a. Was surgery undertaken for pancreatic complications?  
   ☐ Yes  ☐ No  ☐ Unknown

54b. If Yes what was the reason for surgery?
   ☐ Infected necrosis  ☐ Sterile necrosis with worsening multiple organ dysfunction syndrome  ☐ Suspected infected necrosis
   ☐ Pancreatic abscess  ☐ Pancreatic pseudocyst  ☐ Massive haemorrhage
   ☐ Pancreatic fistula  ☐ Gastric outflow obstruction  ☐ Bowel ischaemia
   ☐ Other (please specify)  

54c. 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 necrosectomy  ☐ Surgical drainage  
   ☐ Endoscopic necrosectomy  ☐ Other (please specify)  

56a. In your opinion should any of the following have been considered prior to surgical intervention?
   ☐ Endoscopic drainage  ☐ Radiological drainage  
   ☐ Other (please specify)  

57a. Was the case discussed with a specialist centre?  
   ☐ Yes  ☐ 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 anaesthetist?  
   ☐ Yes  ☐ No  ☐ Unknown

60b. If No, please expand on this
In your opinion was this an appropriate procedure for the patient?

If No, please expand on your answer?

Were antibiotics commenced/continued at the time of surgery?

In your opinion, was this appropriate?

If No, why not?

To what location did the patient go immediately post recovery?

In your opinion, was this appropriate?

If No, why not?

Did the patient suffer any post-operative complications after this surgery?

If Yes, please mark all that apply:

Return to theatre
Wound dehiscence
Bleeding
Other (please specify)

In your opinion, could any of the complications been avoided?

If Yes, please expand on your answer?

Did the patient undergo further surgical, IR or endoscopic procedures for treatment of pancreatic complications?

If Yes, in your opinion was this appropriate?

If No to 65b, please expand on your answer?
## J. NUTRITION

**66a.** Was a nutritional assessment performed?  
- Yes  
- No  
- Unknown

**66b.** In your opinion was this adequate?  
- Yes  
- No  
- Unknown

**66c.** If No, please expand on your answer?

**67a.** Was the patient seen by a dietitian?  
- Yes  
- No  
- Unknown

**67b.** If No, in your opinion should they have been?  
- Yes  
- No  
- Unknown

**67c.** If Yes, why?

**68a.** Was supplemental nutrition given?  
- Yes  
- No  
- Unknown

**68b.** If No, in your opinion should it have been?  
- Yes  
- No  
- Unknown

**68c.** If Yes to 68b, why?

**68d.** If Yes to 68a, what nutrition was used?  
- Oral diet  
- Build up drinks  
- Nasogastric feeding  
- Nasojejunal feeding  
- Peripheral parenteral nutrition  
- Parenteral nutrition via central line  
- Other [please specify]  
- Unknown

**68e.** Were there any delays in initiating nutrition support?  
- Yes  
- No  
- Unknown

**69a.** In your opinion was the patient's blood glucose adequately monitored?  
- Yes  
- No  
- Unknown

**69b.** Did the patient require blood glucose control?  
- Yes  
- No  
- Unknown

**69c.** What method was used?  
- Oral hypoglycaemics  
- Subcutaneous insulin  
- IV sliding scale (variable rate insulin infusion)  
- Other [please specify]  
- Unknown

**69d.** In your opinion was blood glucose control adequately managed?  
- Yes  
- No  
- Unknown

**70a.** Did the patient need pancreatic enzyme supplementation?  
- Yes  
- No  
- Unknown

**70b.** In your opinion, was pancreatic exocrine function adequately assessed?  
- Yes  
- No  
- Unknown

**70c.** In your opinion, was this adequately treated?  
- Yes  
- No  
- Unknown

**70d.** If No to 70b or 70c, please expand on your answer?

**71a.** In your opinion, was the overall management of the patient's nutrition adequate?  
- Yes  
- No  
- Unknown

**71b.** If No, please expand on your answer?
K. ANTIMICROBIALS - see question 32 of the clinician questionnaire for a guide

72a. In your opinion was the antimicrobial management for the patient appropriate during this admission?  
☐ Yes  ☐ No  ☐ Unknown

72b. If No, please provide reasons for your answer?  
☐ Not indicated  ☐ Delay in administering  
☐ Inappropriate route  ☐ Inappropriate duration  
☐ Other  
(please specify)

72c. Please use this box to expand on your answer if required:

L. DISCHARGE

73a. What was the date of discharge or death?  
☐ dd  ☐ mm  ☐ yy  ☐ yy  ☐ Unknown

73b. What was the discharge location?  
☐ Discharged to previous place of residence  ☐ Patient died during this admission (please go to question 78)  
☐ Discharged to other hospital  ☐ Other  
(please specify)

74a. Was the patient discharged on nutritional support?  
☐ Yes  ☐ No  ☐ Unknown

75b. If Yes, what nutritional support was given?  
☐ Enteral feeding  ☐ Parenteral feeding  ☐ Oral supplements  ☐ Unknown

76a. Were further investigations or treatments concerning the patients AP planned for a subsequent appointment?  
☐ Yes  ☐ No  ☐ Unknown

76b. If Yes, what?  

76c. In your opinion should the patient have undergone any further investigations, in addition to any detailed in 76b, regarding their AP?  
☐ Yes  ☐ No  ☐ Unknown

76d. If Yes, what and why?  

77a. In your opinion should the patient have had definitive management of their gallstones prior to discharge?  
☐ Yes  ☐ No  ☐ Not Applicable

77b. If No, please expand on your answer?  

77c. If Yes, to 77a please expand on your answer?  

K.ANTIMICROBIALS-see question 32 of the clinician questionnaire for a guide

In your opinion was the antimicrobial management for the patient appropriate during this admission?  
☐ Yes  ☐ No  ☐ Unknown

If No, please provide reasons for your answer?  
☐ Not indicated  ☐ Delay in administering  
☐ Inappropriate route  ☐ Inappropriate duration  
☐ Other  
(please specify)

Please use this box to expand on your answer if required:

What was the date of discharge or death?  
☐ dd  ☐ mm  ☐ yy  ☐ yy  ☐ Unknown

What was the discharge location?  
☐ Discharged to previous place of residence  ☐ Patient died during this admission (please go to question 78)  
☐ Discharged to other hospital  ☐ Other  
(please specify)

Was the patient discharged on nutritional support?  
☐ Yes  ☐ No  ☐ Unknown

If Yes, what nutritional support was given?  
☐ Enteral feeding  ☐ Parenteral feeding  ☐ Oral supplements  ☐ Unknown

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

If Yes, what?  

In your opinion should the patient have undergone any further investigations, in addition to any detailed in 76b, regarding their AP?  
☐ Yes  ☐ No  ☐ Unknown

If Yes, what and why?  

In your opinion should the patient have had definitive management of their gallstones prior to discharge?  
☐ Yes  ☐ No  ☐ Not Applicable

If No, please expand on your answer?  

If Yes, to 77a please expand on your answer?
Please answer the following questions if the patient died during this admission

78a. In your opinion was death avoidable during this admission?  
☐ Yes  ☐ No  ☐ Unknown

78b. If Yes, please expand on your answer

79a. Was treatment limited or withdrawn?  
☐ Yes  ☐ No  ☐ Unknown

79b. In your opinion was this appropriate?  
☐ Yes  ☐ No  ☐ Unknown

79c. If No, please expand on your answer

80a. What was the cause of death recorded?

1a

1b

1c

2

80b. In your opinion is the above correct?  
☐ Yes  ☐ No  ☐ Unknown

80c. If No, please expand on your answer

81a. Is there evidence in the notes that the death was discussed in a M&M meeting?  
☐ Yes  ☐ No  ☐ Unknown

81b. In your opinion should the case have been discussed at an M&M meeting?  
☐ Yes  ☐ No  ☐ Unknown

81c. If Yes why?  
☐ All deaths should be discussed  ☐ Unexpected death  ☐ Potentially avoidable death  
☐ Other

81d. 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