

NAME OF THE HOSPITAL: _____

2). Acute Pancreatitis (Severe) -3 Weeks Stay: M14V1.10

1. Name of the Procedure: Acute Pancreatitis (Severe) -3 Weeks Stay
2. Indication: Acute Pancreatitis (Severe)
3. Did the patient presented with Classical Pain of Pancreatitis: Yes/No
4. If the answer to question 3 is Yes then is there evidence of
 - a. Serum amylase/ Lipase elevated >3 times the ULN: Yes/No (Upload Reports)
 - b. CECT abdomen/ MRI done: Yes/No (Upload report & film)
5. If the answer to question 4a & 4b is Yes are the following test i.e. hematocrit, arterial blood gas, renal functions test, liver function test, serum calcium, lipid profile, chest X ray and USG abdomen being done: Yes/No (Upload Reports)
6. If the answer to question 5 is Yes then is the BISAP scoring parameters showing evidence of:
 - a. Blood urea nitrogen >25mg/dl: Yes/No
 - b. Impaired mentation: Yes/No
 - c. SIRS defined by presence of two or more of the following- temperature >38 or <36 degree Celsius, pulse rate > 90bpm, Respiratory rate >20 or Pa-co2 <32 mm hg, WBC >12000/mm³ or <4000/mm³ or > 10 % bands: Yes/No (Upload Reports)
 - d. Age >60 years: Yes/No
 - e. Presence of pleural effusion: Yes/No

For eligibility for Acute Pancreatitis (Severe) -3 Weeks Stay, the answers to minimum 3 questions out of a, b, c, d & e should be Yes

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp
