

NAME OF THE HOSPITAL: _____

19). Acute Pancreatitis (Mild) - 1 Week Stay: M14V1.9

1. Name of the Procedure: Acute Pancreatitis (Mild) - 1 Week Stay
2. Indication: Acute Pancreatitis (Mild)
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 done: Yes/No (Upload CT 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 (Mild), the answers to minimum 3 questions out of a, b, c, d & e should be No

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

Treating Doctor Signature with Stamp
