





**If the patient was a hospital transfer please complete Q9**

**9a.** Was the hospital transfer primarily for management of the patient's Acute Pancreatitis?  Yes  No

**9b.** 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   Unknown

(please specify)

**9c.** Were any problems/delays encountered with the transfer?  Yes  No  Unk

**9d.** If Yes, please provide details.

**9e.** In your opinion was the transfer of the patient appropriate?  Yes  No  Unk

**9f.** If No, why not?

**10a.** What was the grade of the Doctor that first assessed the patient (this includes any assessment in the ED)?  grade please use drop down box as in GIB EQAF and add Not recorded

**10b.** To what location was the patient first admitted?

- Medical Assessment/Admissions Unit       Hepatology Ward
- Surgical Assessment/Admissions Unit       Gastroenterology Ward
- General Surgical Ward       Gastrointestinal Surgery Ward
- General Medical Ward       High Dependency Unit (level 2 care)
- HPB Surgery Ward       Intensive Care Unit (level 3 care)
- Other   Not Recorded

(please specify)

**11a.** How did the patient present with their AP (please mark all that apply)?

- Abdominal pain     Back pain     Raised amylase     Raised lipase     Shock
- Vomiting     Other   Not Recorded

(please specify)

**11b.** 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





























