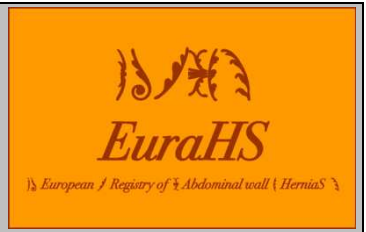


EuraHS II CRF 1

Patient demographic data

Date: ____/____/____



Name of Patient (not in EuraHS): _____ **EuraHS Case –ID:** _____

Date of birth (not in EuraHS): ____/____/____

1 Information about the hospital:

- Type of hospital**
- University hospital
 - Tertiary care
 - Advanced secondary care
 - Basic secondary care
 - Other type of hospital, specify _____

Military facility? Yes No

- What type of approach do you use for the management of an open abdomen?**
- Structured approach
 - Different approaches depending on initial findings or the surgeon's decision

2 Patient data:

Informed Consent from patient Yes No

Year of birth _____ **Gender** Male Female

Weight: _____ kg **Height:** _____ cm

Study number: _____

3 Comorbidities: None

- Diabetes mellitus type I** (SOC____)
- Diabetes mellitus type II** (SOC____)
- Cardiac disease** (SOC____)
- Arterial hypertension** (SOC____)
- Pulmonary disease** (SOC____)
- Hepatic disease** (SOC____)
- Renal disease** (SOC____)
- Haemodialysis? Yes No
- Malignant disease** (SOC____)
- Curative treatment?** Yes No

Describe if other comorbidities _____

SOC: 0=Asymptomatic; 1 = No treatment; 2 = < 4 cons./year; 3 = > 4 cons./year; 4 = Progressive disease.

4 Risk factors Occupation

- Heavy physical labour Mild physical labour Desk based labour No employment

4 Risk factors Sporting activities

- None Sporadic (1/month) Moderate (1/week) Intense (>1/week)

4 Risk factors Smoking history

- Never smoked Ex-smoker (stopped >12 m) Occasional smoker Daily smoker

Pack years (20 cigarettes/day): ____ (packs/day) X ____ (years of smoking) = ____ or:

Pack years (x cigarettes/day): ____ (cigarettes/day) X ____ (years of smoking) / 20 = ____

4 Other risk factors None

Long-term use of immunosuppressant

Long-term use of corticosteroids

- | | | | |
|--|---------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> Anti-coagulants | Phenprocoumon (Marcumar) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Platelet aggregation inhibition | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Low Molecular Heparine | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | ASA (Aspirine) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Surgeon: _____

Transferred to EuraHS: ____/____/____