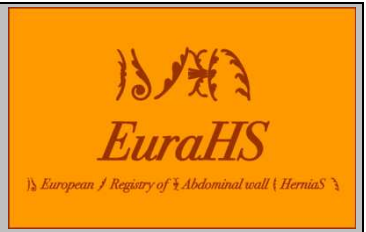


EuraHS II CRF 3

Discharge data

Date: ____/____/____



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

Date of completion of inpatient treatment ____/____/____

Completion of inpatient treatment?

- Discharge** Discharged home Transferred to hospital close to home
 Transferred for rehabilitation

Death Date of death ____/____/____

Cause of death _____

Classification of surgical complications (by Clavien Dindo D. et.al. 2004)

- Grade I Grade II Grade IIIa Grade IIIb Grade IVa Grade IVb Grade V

Define suffix 'd' according to Dindo and Clavien Yes No

New fistula during open abdomen management? Yes No

Day of fistula formation ____/____/____

Type of new fistula Single small bowel fistula Multiple small bowel fistulas

Colonic fistula Enteroatmospheric fistula

Other new fistula, please specify _____

Anastomotic insufficiency during open abdomen management? Yes No

Type of anastomotic insufficiency Stomach Small intestine

Large intestine Pancreas

Patient discharged from hospital with fistula? Yes No

Duration of ventilation until discharge: _____ hours

Duration of catecholamine treatment until discharge: _____ days

Number of RBC units transfused until discharge: _____

Number of FFP units transfused until discharge: _____

Number of platelet units transfused until discharge: _____

Type of data collection Prospective Retrospective

Surgeon: _____ **Transferred to EuraHS:** ____/____/____