Acute Pancreatitis: Your Opinions on Nutrition and Antibiotics

General (Please Circle One)

1. Your age range:
   a. 26-35  b. 36-45  c. 46-55  d. 56 and older

2. Years from training (Fellows fall in 0-5 range):
   a. 0-5  b. 6-15  c. 16-25  d. >25

3. Residency training:

4. Fellowship training:  Yes  or  No

5. Type of Fellowship training:
   a. GI  b. Pulm/Crit Care  c. Surg Subspecialty  d. Other

6. Practice type:
   a. Full-time Academic  b. Private Practice/Academic  c. Private Practice (limited teaching)

7. Hospital size:
   a. Small (<250 beds)  b. Medium (250-500 beds)  c. Large (>500 beds)

8. Hospital type:
   a. University/Tertiary Referral Center  b. University-Affiliated  c. Private/Community

9. Estimated number of patients with Acute Pancreatitis (AP) you see per month?
   a. 0-5  b. 6-10  c. 11-20  d. >20

10. How would you define Severe Acute Pancreatitis (SAP)? Please choose all that apply:
    a. Fever  b. Persistent/Severe abdominal pain  c. Marked elevation of amylase/lipase
    d. Systemic complications/organ dysfunction (ARDS, renal failure)
    e. Sepsis  f. Pancreatic necrosis  g. Pancreatic fluid collection/ Abscess  h. Pancreatic edema

Nutrition

1. In cases of AP, how many days do you leave patients NPO without artificial nutrition (e.g. TPN or enteral feeding tube)?
   a. 0-1 days  b. 2-4 days  c. 5-7 days  d. ≥8 days

2. In cases of Severe Acute Pancreatitis (SAP), how many days do you leave patients NPO without artificial nutrition (e.g. TPN or enteral feeding tube)?
   a. 0-1 days  b. 2-4 days  c. 5-7 days  d. ≥8 days

3. When artificial nutrition is chosen, what form do you most often utilize in patients with AP?
   a. TPN/PPN  b. NG tube  c. NJ tube  d. Surgical J-tube  e. PEJ tube

4. In patients with AP who need artificial nutrition, why would you initially choose TPN/PPN over enteral nutrition? Please choose all that apply:
   a. Need for complete bowel rest  b. Easy access to or initiation of TPN/PPN
   c. Lack of resources (GI, interventional radiology, surgery) in obtaining enteral access
   d. Hospital policy  e. Society guidelines
   f. Not applicable—I always 1st try to initiate enteral feeding over TPN/PPN

5. Overall, what % of the patients you manage with AP are treated with parenteral nutrition (TPN or PPN)?
   a. <25%  b. 25-50%  c. 51-75%  d. >75%

6. Overall, what % of the patients you manage with AP are treated with artificial enteral nutrition (NG, NJ, PEJ,...)?
   a. <25%  b. 25-50%  c. 51-75%  d. >75%

Please Turn Over →
**Antibiotics**

1. In patients with AP, what % of cases do you use antibiotics?
   a. <25%  b. 25-50%  c. 51-75%  c. >75%

2. In patients with Severe Acute Pancreatitis (SAP), what % of cases do you use antibiotics?
   a. <25%  b. 25-50%  c. 51-75%  c. >75%

3. Please choose the one, single reason why you **most often** initiate antibiotics in patients with AP?
   f. Failure to initiate PO diet  g. Persistent pain  h. None of these.

4. In patients with Severe Acute Pancreatitis, please choose the single reason why you most often use antibiotics?
   a. Fever  b. Elevated WBC  c. Peri-pancreatic fluid collection  d. Necrosis on CT or MRI  
   e. Requirement for ICU admission  f. Persistently elevated amylase/lipase  
   g. Failure to initiate PO diet  h. Other organ failure (ARDS, Renal failure, ...)
   i. Positive cultures for bacteria/fungus.