

Acute Pancreatitis: Your Opinions on Nutrition and Antibiotics

General (Please Circle One)

- Your age range:
 - 26-35
 - 36-45
 - 46-55
 - 56 and older
- Years from training (Fellows fall in 0-5 range):
 - 0-5
 - 6-15
 - 16-25
 - >25
- Residency training:
 - Internal Med
 - Family Med
 - Surgery
 - Pediatrics
 - Other
- Fellowship training: Yes or No
- Type of Fellowship training:
 - GI
 - Pulm/Crit Care
 - Surg Subspecialty
 - Other
- Practice type:
 - Full-time Academic
 - Private Practice/Academic
 - Private Practice (limited teaching)
- Hospital size:
 - Small (<250 beds)
 - Medium (250-500 beds)
 - Large (>500 beds)
- Hospital type:
 - University/Tertiary Referral Center
 - University-Affiliated
 - Private/Community
- Estimated number of patients with *Acute Pancreatitis* (AP) you see per month?
 - 0-5
 - 6-10
 - 11-20
 - >20
- How would you define *Severe Acute Pancreatitis* (SAP)? Please choose all that apply:
 - Fever
 - Persistent/Severe abdominal pain
 - Marked elevation of amylase/lipase
 - Systemic complications/organ dysfunction (ARDS, renal failure)
 - Sepsis
 - Pancreatic necrosis
 - Pancreatic fluid collection/ Abscess
 - Pancreatic edema

Nutrition

- In cases of AP, how many days do you leave patients NPO *without* artificial nutrition (e.g. TPN or enteral feeding tube)?
 - 0-1 days
 - 2-4 days
 - 5-7 days
 - ≥8 days
- 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)?
 - 0-1 days
 - 2-4 days
 - 5-7 days
 - ≥8 days
- When artificial nutrition is chosen, what form do you most often utilize in patients with AP?
 - TPN/PPN
 - NG tube
 - NJ tube
 - Surgical J-tube
 - PEJ tube
- In patients with AP who need artificial nutrition, why would you *initially* choose TPN/PPN over enteral nutrition? Please choose all that apply:
 - Need for complete bowel rest
 - Easy access to or initiation of TPN/PPN
 - Lack of resources (GI, interventional radiology, surgery) in obtaining enteral access
 - Hospital policy
 - Society guidelines
 - Not applicable—I always 1st try to initiate enteral feeding over TPN/PPN
- Overall, what % of the patients you manage with AP are treated with *parenteral nutrition* (TPN or PPN)?
 - <25%
 - 25-50%
 - 51-75%
 - >75%
- Overall, what % of the patients you manage with AP are treated with *artificial enteral nutrition* (NG, NJ, PEJ,...)?
 - <25%
 - 25-50%
 - 51-75%
 - >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?
 - a. Fever
 - b. Elevated WBC
 - c. Prophylaxis against infection
 - d. Extensive peri-pancreatic edema
 - e. Persistent elevation of amylase/lipase
 - 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.