

SPLIT			
\$sitecode	User:	System Date:	Mode: Development
Site Name:			

Status 1 Outcome (S10)

Version: 2.0; 11-30-07

Date no longer Status 1 (*S10LSTDT*):

Complete for all subjects who are no longer listed as a Status 1 (Canadian 4 or 4f):

1. State reason for removal from list as Status 1: (*S10RMLRS*)

Death (submit Death form)
 Removed - Too sick to transplant (submit Loss to Follow-up/Exit form)
 Removed - Recovered (submit Loss to Follow-up/Exit form)
 Transplanted as Status 1 (submit Transplant forms)
 Removed- moved to non-status 1 on list

2. Labs at time of removal from list as Status 1:

	Common Units (CU)		Standard International (SI)	
Total Bilirubin:	(<i>S10TOBIL</i>)	(xxxxxx.x) mg/dL	(<i>S10TBSI</i>)	(xxxxxx.x) µmol/L
Direct Bilirubin:	(<i>S10DIBIL</i>)	(xxxxx.xx) mg/dL	(<i>S10DBSI</i>)	(xxxxx.xx) µmol/L
AST/ SGOT:	(<i>S1OAST</i>)	(xxxxx) U/L	(<i>S1OASTSI</i>)	(xxxxx) U/L
ALT/ SGPT:	(<i>S1OALT</i>)	(xxxxx) U/L	(<i>S1OALTSI</i>)	(xxxxx) U/L
Albumin:	(<i>S1OALB</i>)	(xx.x) g/dL	(<i>S1OALBSI</i>)	(xxx.x) g/L
Sodium:	(<i>S1OSODUM</i>)	(xxx) mEq/mL	(<i>S1OSODSI</i>)	(xxx) mmol/L
Serum Creatinine:	(<i>S1OSRCRE</i>)	(xx.x) mg/dL	(<i>S1OSCSI</i>)	(xxxx.x) µmol/L
INR:	(<i>S1OINR</i>)	(xx.x)		

3. Indicate score type (calculated): (*S1OSCORE*)

☐ PELD - 1 ☐ MELD - 2 ☐ Not available - 9

PELD score: (S1OPSCOR) _____ (xxx.x)
 MELD score (if ≥ 12 years): (S1OMSCOR) _____ (xxx.x)

Events occurring while listed as Status 1:

4. Was Subject on a ventilator? (S1OVLNT) ☐ No - 0 ☐ Yes - 1
 If yes, Date started: (S1OVNTDT) _____ (mm/dd/yyyy)
5. Was Subject on dialysis or CVVH? (S1ODIACV) ☐ No - 0 ☐ Yes - 1
 If yes, Date started: (S1ODICVD) _____ (mm/dd/yyyy)
6. Ascites requiring diuretic therapy: (S1ODIRTH) ☐ No - 0 ☐ Yes - 1
 If yes, Date of onset: (S1OTHRTD) _____ (mm/dd/yyyy)
7. Spontaneous Bacterial Peritonitis: (S1OBAC) ☐ No - 0 ☐ Yes - 1
 If yes, Date of onset: (S1OBACDT) _____ (mm/dd/yyyy)
 If yes, Number of episodes: (S1OBACNM) _____ (xx)
8. Hepatic Encephalopathy Grade 3 or 4: (S1OHEGR) ☐ No - 0 ☐ Yes - 1
 If yes, Date of onset: (S1OHEDT) _____ (mm/dd/yyyy)
 Grade at time of removal from Status 1: (S1OHGRAD) ☐ 0 - None ☐ 1 ☐ 2 ☐ 3 ☐ 4
9. Variceal Bleeding: (S1OBLEED) ☐ No - 0 ☐ Yes - 1
 If yes, Number of episodes requiring transfusion: (S1OBLDTR) _____ (xx)
10. Nutritional support required: (S1ONTSP) ☐ No - 0 ☐ Yes - 1
 If yes, Date started: (S1ONTLDT) _____ (mm/dd/yyyy)
11. Glasgow Coma Score ≤ 10 : (S1OGCS) ☐ No - 0 ☐ Yes - 1
 If yes, Date of event: (S1OGCSDT) _____ (mm/dd/yyyy)

The Notes field should not be used to communicate information to the SPLIT DCC. This field is intended to be used for notes center staff may find useful when returning to the form.

Notes: (S1ONOTES) _____



