



## DNR DVT Comp Severity

Date of Onset		
Resolution of the complication within 3 months post-operatively. This does not apply to complications that are self-limiting acute events.	<input type="radio"/> Yes	
	<input type="radio"/> No	
	<input type="radio"/> Not Applicable	
	<input type="radio"/> Unknown	
If No or N/A to Resolution, Complication worsened. (requiring intervention in an effort to control the complication or its sequelae)	<input type="radio"/> Yes	
	<input type="radio"/> No	
Medications Required for Treatment	<input type="radio"/> Yes	
	<input type="radio"/> No	
If yes to Medications Required for Treatment, Type of Medications	<input type="radio"/> Routine Medications	
	<input type="radio"/> Medications for bacterial, viral or fungal infections other than prophylaxis	
	<input type="radio"/> Ulcer Therapy other than prophylaxis	
	<input type="radio"/> Other	
Interventions/Procedures	<input type="radio"/> Yes <input type="radio"/> No	If yes to Interventions/Procedures, Type of Intervention or Procedure <div style="display: flex; flex-direction: column; gap: 5px; margin-top: 10px;"> <input type="radio"/> Bedside therapeutic procedure (e.g. evacuation of pneumothorax, pleural effusion or monitoring lines)                     <input type="radio"/> Surgical Intervention                     <input type="radio"/> Endoscopic Intervention                     <input type="radio"/> Radiologic Intervention                 </div>
Blood Transfusion	<input type="radio"/> Yes	

	<input type="radio"/> No
If yes to Blood Transfusion, Units of RBC's	
ICU Admission	<input type="radio"/> Yes
	<input type="radio"/> No
Hospitalized for more than 14 days as a result of this complication	<input type="radio"/> Yes
	<input type="radio"/> No
Residual Disability/Disease resulting from the complication	<input type="radio"/> Yes
	<input type="radio"/> No
Was the patient listed for a liver transplant as a result of this complication?	<input type="radio"/> Yes
	<input type="radio"/> No
If Yes to Listing, Date of Listing	
Transplantation	<input type="radio"/> Yes
	<input type="radio"/> No
Death	<input type="radio"/> Yes
	<input type="radio"/> No