



DNR Dehiscence 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	<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
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