



DNR Ileus 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				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;"></td> <td style="width: 30%; padding: 5px;"><input type="radio"/> Yes</td> </tr> <tr> <td></td> <td style="padding: 5px;"><input type="radio"/> No</td> </tr> </table>		<input type="radio"/> Yes		<input type="radio"/> No
	<input type="radio"/> Yes				
	<input type="radio"/> No				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;"></td> <td style="width: 30%; padding: 5px;"><input type="radio"/> Bedside therapeutic procedure (e.g. evacuation of pneumothorax, pleural</td> </tr> </table>		<input type="radio"/> Bedside therapeutic procedure (e.g. evacuation of pneumothorax, pleural		
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		If yes to Interventions/Procedures, Type of Intervention or Procedure	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	<input type="text"/>		
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	<input type="text"/>		
Transplantation	<input type="radio"/> Yes <input type="radio"/> No		
Death	<input type="radio"/> Yes <input type="radio"/> No		