

DNR Infection 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.	Yes No	If No or N/A to Resolution, Complication worsened. (requiring intervention in an effort to control the complication or its sequelae)	○ Yes	
	Not Applicable Unknown		○ No	
Medications Required for Treatment		Yes No		
If yes to Medications Required for Treatment, Type of Medications		 Routine Medications Medications for bacterial, viral or fungal infections other than prophylaxis Ulcer Therapy other than prophylaxis Other 		
Interventions/Procedures		Yes No		
If yes to Interventions/Procedures, Type of Intervention or Procedure		 Bedside therapeutic procedure (e.g. evacuation of pneumothorax, pleural effusion or monitoring lines) Surgical Intervention Endoscopic Intervention Radiologic Intervention 		
Blood Transfusion		Yes No		
If yes to Blood Transfus	ion, Units of RBC's			
		1		

ICU Admission		○Yes ○No	
Hospitalized for more than 14 days as a result of this complication		Yes No	
Residual Disability/Disease resulting from the complication		Was the patient listed for a liver transplant as a result of this complication?	○ Yes○ No
If Yes to Listing, Date of Listing			
Transplantation		Yes No	
Death		Yes No	

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