



DNR Intra-abdom. Bleed 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		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 5px;">Medications Required for Treatment</td> <td style="padding: 5px;"> <input type="radio"/> Yes <input type="radio"/> No </td> </tr> </table>	Medications Required for Treatment	<input type="radio"/> Yes <input type="radio"/> No	
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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	Hospitalized for more than 14 days as a result of this complication	<input type="radio"/> Yes
	<input type="radio"/> No		<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	Death	<input type="radio"/> Yes
	<input type="radio"/> No		<input type="radio"/> No