

DNR Liver Failure 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.	YesNoNot ApplicableUnknown
If No or N/A to Resolution, Complication worsened. (requiring intervention in an effort to control the complication or its sequelae)		○ Yes ○ 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		O Yes O No	
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If yes to Blood Transfusion, Units of RBC's		
ICU Admission	○ Yes ○ No	
Hospitalized for more than 14 days as a result of this complication	Residual Disability/Disease resulting from the complication O Yes No	
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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