



DNR Psych 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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> <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 </td> <td style="width: 50%; padding: 5px;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Interventions/Procedures</td> <td style="width: 50%; padding: 5px;"> <input type="radio"/> Yes <input type="radio"/> No </td> </tr> <tr> <td colspan="2" style="height: 50px;"></td> </tr> </table> </td> </tr> </table>	<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: 50%; padding: 5px;">Interventions/Procedures</td> <td style="width: 50%; padding: 5px;"> <input type="radio"/> Yes <input type="radio"/> No </td> </tr> <tr> <td colspan="2" style="height: 50px;"></td> </tr> </table>	Interventions/Procedures	<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
	<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