

## **RCP** Ascites 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         Not Applicable         Unknown	
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	<ul> <li>Routine Medications</li> <li>Medications for bacterial, viral or fungal infections other than prophylaxis</li> <li>Ulcer Therapy other than prophylaxis</li> <li>Other</li> </ul>
Interventions/Procedures		Yes     No	
If yes to Interventions/Procedures, Type of Intervention or Procedure		<ul> <li>Bedside therapeutic procedure (e.g. evacuation of pneumothorax, pleural effusion or monitoring lines)</li> <li>Surgical Intervention</li> <li>Endoscopic Intervention</li> <li>Radiologic Intervention</li> </ul>	
Blood Transfusion		Yes       No	
If yes to Blood Transfusion, Units of RBC's			

ICU Admission of 5 days or more?	○ Yes ○ No
Management of this complication required the patient's hospital stay to be longer than 4 weeks (if initial transplant surgery admission) or 14 days	O Yes       O No
(if subsequent post transplant admission) total Residual Disability/Disease resulting from the complication	O Yes       O No
Re-Listing	O Yes       O No
If Yes to Re-Listing,	Ves

If Yes to Re-Listing, Date of Re-Listing	Re-Transplantation	O Yes
Death	○ Yes ○ No	

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