



RCP Bowel Obstruction 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	<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> </table>	Interventions/Procedures	<input type="radio"/> Yes <input type="radio"/> No	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 5px;">If yes to Interventions/Procedures, Type of Intervention or Procedure</td> <td style="width: 30%; padding: 5px;"> <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 </td> </tr> </table>	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
Interventions/Procedures	<input type="radio"/> Yes <input type="radio"/> No				
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Blood Transfusion	<input type="radio"/> Yes				

	<input type="radio"/> No
If yes to Blood Transfusion, Units of RBC's	
ICU Admission of 5 days or more?	<input type="radio"/> Yes
	<input type="radio"/> 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 (if subsequent post transplant admission) total	<input type="radio"/> Yes
	<input type="radio"/> No
Residual Disability/Disease resulting from the complication	<input type="radio"/> Yes
	<input type="radio"/> No
Re-Listing	<input type="radio"/> Yes
	<input type="radio"/> No
If Yes to Re-Listing, Date of Re-Listing	
Re-Transplantation	<input type="radio"/> Yes
	<input type="radio"/> No
Death	<input type="radio"/> Yes
	<input type="radio"/> No