



RCP DVT 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 | |
| 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 | ICU Admission of 5 | <input type="radio"/> Yes |

| | | | |
|---|---------------------------|---------------|--------------------------|
| Transfusion, Units of RBC's | <input type="text"/> | days or more? | <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 | <input type="text"/> | | |
| Re-Transplantation | <input type="radio"/> Yes | | |
| | <input type="radio"/> No | | |
| Death | <input type="radio"/> Yes | | |
| | <input type="radio"/> No | | |