



RCP Inf. Vena Cava Thromb. Comp Severity

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|--|--|------------------------------------|---|--|--|
| 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 | | | | |
| | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 5px;">Medications Required for Treatment</td> <td style="padding: 5px;"> <input type="radio"/> Yes <input type="radio"/> No </td> </tr> <tr> <td colspan="2" style="height: 40px;"></td> </tr> </table> | Medications Required for Treatment | <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 | | | | |

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| 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 | If Yes to Re-Listing, Date of Re-Listing |
| | <input type="radio"/> No | |
| Re-Transplantation | <input type="radio"/> Yes | |
| | <input type="radio"/> No | |
| Death | <input type="radio"/> Yes | |
| | <input type="radio"/> No | |