



RCP Recurrence 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	If yes to Blood Transfusion, Units of RBC's	
	<input type="radio"/> No		

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