

V5_GEN_FORM



RCP Morbidity

Bile leak/Biloma-Presence of persistent bilious drainage beyond 7 days post surgery, or have a diagnosis of an intra-abdominal bile collection		Yes - Complete complication severity form	
		No	
Biliary Stricture-Presence of narrowing of the intrahepatic or extrahepatic bile ducts		Yes - Complete complication severity form	
		No	
Intra-abdominal Bleeding-a series of bleeds over several days without full recovery constitutes one episode	Yes - Complete complication severity form	No	If yes to intra-abdominal bleed, Number of Units of RBC's Transfused
Upper/Lower GI Bleeding-a series of bleeds over several days without full recovery constitutes one episode	Yes, Upper GI Bleeding (complete complication severity form)		
	Yes, Lower GI Bleeding (complete complication severity form)		
	No		
		GI bleed caused by an Ulcer	Yes
			No

		GI bleed caused by varices	Yes
			No
		If not ulcer, specify cause of GI bleed	
		Number of Units of RBC's Transfused for GI bleed (enter 0 for none)	
Localized intra-abdominal abscesses that were treated with antibiotics, surgical or radiologic intervention		Yes - Complete complication severity form	
		No	
Prolonged Ileus-a delay in return of bowel function beyond 7 days post-op	Yes - Complete complication severity form	Length of Ileus in days-Count from the day of surgery to the day of resumed oral intake	
	No		
Bowel Obstruction documented by imaging study or identified at re-exploration		Yes - Complete complication severity form	
		No	
Re-Exploration-unplanned return to the operating room following the transplant procedure		Yes , upper abdominal (complete complication severity form)	
		Yes, lower abdominal (complete complication severity form)	
		No	
Identification of any surgical complications arising from the transplant procedure during re-exploratory surgery		Yes	
		No	
Myocardial Infarction post-donation during the perioperative period	Yes	Date of Myocardial Infarction	
	No		(mm/dd/yyyy)

Congestive Heart Failure post-transplant during the perioperative period	Yes
	No

Date of Congestive Heart Failure	
	(mm/dd/yyyy)

Pneumothorax requiring placement of a chest tube	Yes
	No

Date of Pneumothorax	
	(mm/dd/yyyy)

Pleural Effusion requiring either chest tube placement or thoracentesis (tapping of fluid from the pleural space)	Yes
	No

Date of Pleural Effusion	
	(mm/dd/yyyy)

Pulmonary Edema-accumulations of fluid in the interstitial lung tissues, confirmed by xray in the absence of congestive heart failure	Yes
	No

Date of Pulmonary Edema	
	(mm/dd/yyyy)

Cardiopulmonary Arrest-cessation of patient's heartbeat and breathing. Answer Yes only if the episode required resuscitation	Yes
	No

Date of Cardiopulmonary Arrest	
	(mm/dd/yyyy)

Respiratory Arrest-requiring intubation and not accompanied by cardiac arrest	Yes
	No

Date of Respiratory Arrest	
	(mm/dd/yyyy)

Aspiration-sudden respiratory distress that required intubation, associated with the appearance of a new focal infiltrate on a chest x-ray or suctioning of gastric contents from an endotracheal tube	Yes	Date of Aspiration	
	No		(mm/dd/yyyy)

Pulmonary Embolism-sudden onset of dyspnea associated with tachypnea and tachycardia documented as a probable pulmonary embolism by V/Q scan or a spiral CT	Yes	Date of Pulmonary Embolism	
	No		(mm/dd/yyyy)

Dehiscence-abrupt release of sutures/staples causing the wound to open	Yes	Date of Dehiscence	
	No		(mm/dd/yyyy)

Post-op Hernia Development	Yes	Date of Hernia	
	No		(mm/dd/yyyy)

Encephalopathy/Hepatic Coma-post-operative liver-induced altered mental status or disturbed level of consciousness necessitating treatment with lactulose, neomycin or metronizadole	Yes - Complete complication severity form		
	No		

Post operative Ascites. Answer yes if ascites was treated with diuretics (furosemide, spironolactone, bumetanide, metalazone) or paracentesis	Yes - Complete complication severity form		
	No		

Hepatic Artery Thrombosis	Yes - Complete complication severity form		
	No		

Portal Vein Thrombosis	Yes - Complete complication severity form
	No

Inferior Vena Cava Thrombosis	Yes - Complete complication severity form
	No

Histological evidence of Chronic Rejection. Does not have to be treated to be reported.	Yes - Complete complication severity form
	No

Recurrence of Original Liver Disease-excluding HCV and HCC	Yes - Complete complication severity form
	No

Retransplanted for liver failure	Yes - Complete complication severity form
	No

Deep Vein Thrombosis-treated with anticoagulants	Yes - Complete complication severity form
	No

Neuropraxia-experience sensory or motor peripheral nerve dysfunction that resulted in altered sensations or loss of motor function in the absence of central nervous system disorder	Yes - Complete complication severity form
	No

Post operative infection(s) requiring intervention	Yes
	No

Bacterial Infections (check any that apply)

Bacterial Wound	
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Bacterial Bile Duct	
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Bacterial Blood	
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Bacterial Liver	
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Bacterial Pulmonary	
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Bacterial CNS	
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Bacterial Urinary Tract	
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Viral Infections (Check any that apply)

Viral Wound	
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Viral Bile Duct	
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Viral Blood	
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Viral Liver	
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Viral Pulmonary	
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Viral CNS	
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Viral Urinary Tract	
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Fungal Infections (check any that apply)

Fungal Wound	
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Fungal Bile Duct	
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Fungal Blood	
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Fungal Liver	
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Fungal Pulmonary	
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Fungal CNS			
Fungal Urinary Tract			
Date of infection diagnosis			
		(mm/dd/yyyy)	
Other complications	Yes	Date of other complication diagnosis	
	No		
		(mm/dd/yyyy)	

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