



NIDDK
Liver Transplantation Database
COMPLICATIONS FORMS

12/09/1991

COMPLETION LOG

Data Collector ID _____ - _____
Center Initials

DATE

Data Collection _____/_____/_____

Data Entry _____/_____/_____

Sysid _____

Verification _____/_____/_____

Cleaned _____/_____/_____

Transfer _____/_____/_____
MM DD YY

FORM KEYS

Patient ID _____

Transplant No. _____

Evaluation Timepoint _____

COMPLICATIONS FORM
NIDDK Liver Transplantation Database

PATIENT ID _____ - _____

TRANSPLANT NO. _____

This form will be used post-operatively for all liver transplant recipients to document major complications that occur during specified time intervals: 1) Post-Op Day 1 through Week 1; 2) Week 2 through Week 6; 3) Week 7 through Month 4; 4) Month 5 through Month 12; 5) Yearly thereafter. Data collection will reflect events up through the end of the specified time interval or until death or retransplantation, whichever occurs first. The date of evaluation should be close to the specified time point. In addition, in the case of rejection, a Rejection Form (MR) will be completed for each episode of rejection. In the case of CMV infection, a CMV Form (MC) will be completed whenever there is an episode of CMV infection.

I. 1. DATE OF EVALUATION ____/____/____
MM DD YY

2. Evaluation period (check one)

- 1. Week 1
2. Week 6
3. Month 4
4. Year 1
5. Year 2
6. Year 3
7. Year 4
8. Year 5
9. Retransplant: Date ____/____/____
10. Death: Date ____/____/____
11. Lost to follow-up:
Date of last contact ____/____/____
12. Patient dropout: ____/____/____

3. STATUS/LOCATION OF PATIENT on day of evaluation (check one)

- 1. In hospital: ICU/Step down unit
2. In hospital: floor
3. Outpatient: local
4. Home
5. Retransplant
6. Died
7. Lost to follow-up
8. Rehabilitation institute

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PATIENT ID _____ - _____

4. During this evaluation period

4.1 Was patient discharged from the ICU for the first time since transplantation? Yes__ No__

IF YES

4.1.1 Date of discharge ____/____/____
MM DD YY

4.2 Number of ICU re-admissions _____

4.3 Total number of days in ICU _____

5. During this evaluation period

5.1 Was patient discharged from the hospital for the first time since transplantation?

Yes__ No__

IF YES

5.1.1 Date of discharge ____/____/____
MM DD YY

5.2 Number of hospital re-admissions (≥ 3 day duration) _____

5.3 Total number of days in hospital _____

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II. COMPLICATIONS since last evaluation? Yes___ No___

IF YES, check all that apply

	<u>CONTINUATION STATUS</u>		<u>SINCE LAST EVALUATION</u>			Check if REQUIRED SURGERY	STATUS CODE* at time of this eval.
	Existing Pre-tx continuing Post-tx	Continuing from last Post-tx evaluation	Date of first new episode	Number of episodes	Number of hospital readmissions		
<u>GRAFT FUNCTION</u>							
___ 1. Rejection (complete Rejection Form)	___	___	___/___/___ MM DD YY	___	___	___	___
___ 2. Primary dysfunction/non-function	___	___	___/___/___	___	___	___	___
<u>ABDOMINAL</u>							
___ 3. Intra-abdominal bleed	___	___	___/___/___	___	___	___	___
_____	specify source (30 char)						
___ 4. Upper GI bleed	___	___	___/___/___	___	___	___	___
___ 5. Lower GI bleed	___	___	___/___/___	___	___	___	___
___ 6. Obstruction of hepatic artery	___	___	___/___/___	___	___	___	___
___ 7. Obstruction of portal vein	___	___	___/___/___	___	___	___	___

* see opposite page for codes

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PATIENT ID _____-

	<u>CONTINUATION STATUS</u>		<u>SINCE LAST EVALUATION</u>			Check if REQUIRED SURGERY	STATUS CODE* at time of this eval.
	Existing Pre-tx continuing Post-tx	Continuing from last Post-tx evaluation	Date of first new episode	Number of episodes	Number of hospital readmissions		
__ 8. Obstruction of vena cava	_____	_____	___/___/___	_____	_____	_____	_____
__ 9. Pancreatitis	_____	_____	___/___/___	_____	_____	_____	_____
__ 10. Abscess	_____	_____	___/___/___	_____	_____	_____	_____
__ 11. Liver biopsy complications	_____	_____	___/___/___	_____	_____	_____	_____

_____ specify (30 char)

RENAL

__ 12. Renal failure (creatinine > 2.0 and/or urine output < 10 ml/kg/24 hrs)	_____	_____	___/___/___	_____	_____	_____	_____
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IF YES

12.1 Dialysis given?	Yes__	No__
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BILIARY

__ 13. Bile peritonitis	_____	_____	___/___/___	_____	_____	_____	_____
__ 14. CC leak	_____	_____	___/___/___	_____	_____	_____	_____
__ 15. CJ leak	_____	_____	___/___/___	_____	_____	_____	_____

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	Existing Pre-tx continuing Post-tx	Continuing from last Post-tx evaluation	Date of first new episode	Number of episodes	Number of hospital readmissions		
__ 16. JJ leak	_____	_____	__/__/__	_____	_____	_____	_____
__ 17. T-tube tract leak	_____	_____	__/__/__	_____	_____	_____	_____
__ 18. Anastomotic strictures	_____	_____	__/__/__	_____	_____	_____	_____
__ 19. Intrahepatic strictures	_____	_____	__/__/__	_____	_____	_____	_____
__ 20. Stones/debris	_____	_____	__/__/__	_____	_____	_____	_____
__ 21. Other obstruction	_____	_____	__/__/__	_____	_____	_____	_____
__ 22. Cholangitis	_____	_____	__/__/__	_____	_____	_____	_____
<u>CARDIOPULMONARY</u>							
__ 23. Hypotension	_____	_____	__/__/__	_____	_____	_____	_____
__ 24. Hypertension (treated BP > 150/95)	_____	_____	__/__/__	_____	_____	_____	_____
__ 25. Myocardial infarction	_____	_____	__/__/__	_____	_____	_____	_____
__ 26. Congestive heart failure	_____	_____	__/__/__	_____	_____	_____	_____
__ 27. Pneumothorax (requiring chest tube)	_____	_____	__/__/__	_____	_____	_____	_____
__ 28. Pleural effusion (requiring thoracentesis)	_____	_____	__/__/__	_____	_____	_____	_____
__ 29. Cardiopulmonary arrest	_____	_____	__/__/__	_____	_____	_____	_____
__ 30. ARDS	_____	_____	__/__/__	_____	_____	_____	_____
__ 31. Atrial arrhythmia	_____	_____	__/__/__	_____	_____	_____	_____
__ 32. Ventricular arrhythmia	_____	_____	__/__/__	_____	_____	_____	_____

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__33. Reintubation _____ _____ ___/___/___ _____ _____ _____

__34. Pulmonary edema _____ _____ ___/___/___ _____ _____ _____

NEUROLOGIC

__35. CNS CsA toxicity _____ _____ ___/___/___ _____ _____ _____

__36. Seizures _____ _____ ___/___/___ _____ _____ _____

__37. Hepatic encephalopathy _____ _____ ___/___/___ _____ _____ _____

IF YES

37.1 Specify code for worst stage	_____
1. Lethargy and/or asterixis	3. Stupor or coma, but arousable
2. Confusion and disorientation	4. Deep coma

__38. Other encephalopathy _____ _____ ___/___/___ _____ _____ _____

IF YES

38.1 Type _____ (30 char)
38.2 Specify code for worst stage _____

__39. Other CNS _____ _____ ___/___/___ _____ _____ _____

specify (30 char)

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<u>CONTINUATION STATUS</u>		<u>SINCE LAST EVALUATION</u>			Check if REQUIRED SURGERY	STATUS CODE* at time of this eval.
Existing Pre-tx continuing Post-tx	Continuing from last Post-tx evaluation	Date of first new episode	Number of episodes	Number of hospital readmissions		

RECURRENCE OF DISEASE

__ 40. Primary biliary cirrhosis	_____	_____	___/___/___	_____	_____	_____	_____
__ 41. Primary sclerosing cholangitis	_____	_____	___/___/___	_____	_____	_____	_____
__ 42. Neoplasm	_____	_____	___/___/___	_____	_____	_____	_____

IF YES

42.1 Type	_____
	(30 char)
42.2 Site	1. Intrahepatic ____ 2. Extrahepatic ____

__ 43. Hepatitis	_____	_____	___/___/___	_____	_____	_____	_____
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IF YES, check type(s)

__ 43.1 A	__ 43.4 C
__ 43.2 B	__ 43.5 Other _____
__ 43.3 B & Delta	specify (30 char)

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	Existing Pre-tx continuing Post-tx	Continuing from last Post-tx evaluation	Date of first new episode	Number of episodes	Number of hospital readmissions		
<u>OTHER</u>							
__44. Diabetes Mellitus (requiring treatment)	_____	_____	___/___/___	_____	_____	_____	_____
__45. Fractures/osteoporosis	_____	_____	___/___/___	_____	_____	_____	_____
__46. Nutritional insufficiency	_____	_____	___/___/___	_____	_____	_____	_____
__47. Cerebrovascular accident	_____	_____	___/___/___	_____	_____	_____	_____
__48. Neoplasm: metastatic	_____	_____	___/___/___	_____	_____	_____	_____
<hr/>							
specify (30 char)							
__49. Neoplasm: new	_____	_____	___/___/___	_____	_____	_____	_____
<hr/>							
specify (30 char)							
__50. Groin/axillary lymphocele (requiring drainage)	_____	_____	___/___/___	_____	_____	_____	_____
__51. Wound dehiscence	_____	_____	___/___/___	_____	_____	_____	_____

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	Existing Pre-tx continuing Post-tx	Continuing from last Post-tx evaluation	Date of first new episode	Number of episodes	Number of hospital readmissions		
__52. Drug-related (exclude CNS CsA toxicity)	_____	_____	___/___/___	_____	_____	_____	_____
specify (30 char)							
__53. Other complications	_____	_____	___/___/___	_____	_____	_____	_____
specify (30 char)							
__54. Other complications	_____	_____	___/___/___	_____	_____	_____	_____
specify (30 char)							
__55. Other complications	_____	_____	___/___/___	_____	_____	_____	_____
specify (30 char)							
__56. Other complications	_____	_____	___/___/___	_____	_____	_____	_____
specify (30 char)							

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III. TREATED INFECTIONS: code as specified on opposite page

	<u>Site</u>	<u>Organism</u>	<u>Episode Number</u>	<u>CONTINUATION STATUS</u>		<u>Date of sample first positive culture</u> MM DD YY	<u>Treatment Code</u>	<u>Severity</u>	<u>Since last evaluation Number of hospital readmissions</u>	<u>Status Code at time of Eval.</u>
				<u>Existing Pre-tx continuing Post-tx</u>	<u>Continuing from last Post-tx evaluation</u>					
1.	_____	_____	_____	_____	_____	___/___/___	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	___/___/___	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	___/___/___	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	___/___/___	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	___/___/___	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____	___/___/___	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____	___/___/___	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____	___/___/___	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____	___/___/___	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____	___/___/___	_____	_____	_____	_____
11.	_____	_____	_____	_____	_____	___/___/___	_____	_____	_____	_____
12.	_____	_____	_____	_____	_____	___/___/___	_____	_____	_____	_____
13.	_____	_____	_____	_____	_____	___/___/___	_____	_____	_____	_____
14.	_____	_____	_____	_____	_____	___/___/___	_____	_____	_____	_____
15.	_____	_____	_____	_____	_____	___/___/___	_____	_____	_____	_____

STATUS CODE

1. Resolved (controlled)
2. Unresolved/continuing/worsening
3. Retransplant
4. Died

STATUS CODE

1. Resolved (controlled)
2. Unresolved/continuing/worsening
3. Retransplant
4. Died

BILIARY TREATMENT CODES

0. No Intervention
1. Surgical
2. Radiological
3. Endoscopic
4. Surgical/Endoscopic
5. Surgical/Radiological
6. Radiological/Endoscopic

STATUS CODE

1. Resolved (controlled)
2. Unresolved/continuing/worsening
3. Retransplant
4. Died

BILIARY TREATMENT CODES

0. No Intervention
1. Surgical
2. Radiological
3. Endoscopic
4. Surgical/Endoscopic
5. Surgical/Radiological
6. Radiological/Endoscopic

STATUS CODE

1. Resolved (controlled)
2. Unresolved/continuing/worsening
3. Retransplant
4. Died

STATUS CODE

1. Resolved (controlled)
2. Unresolved/continuing/worsening
3. Retransplant
4. Died

STATUS CODE

1. Resolved (controlled)
2. Unresolved/continuing/worsening
3. Retransplant
4. Died

STATUS CODE

1. Resolved (controlled)
2. Unresolved/continuing/worsening
3. Retransplant
4. Died

INFECTION SITES

<u>Code</u>	<u>Site</u>	<u>Code</u>	<u>Site</u>
1.	Bile ducts	8.	Oral
2.	Blood	9.	Peritoneum
3.	Genital	10.	Skin
4.	Intestinal	11.	Upper respiratory tract
5.	Liver	12.	Urinary tract
6.	Lung	13.	Wound
7.	Meningi/Brain/CSF	14.	Other
		15.	Unknown

MICROORGANISMS

<u>Code</u>	<u>Type</u>	<u>Code</u>	<u>Type</u>
<u>Bacterial</u>		<u>Fungal</u>	
1.	Achromobacter	25.	Aspergillus
2.	Acinetobacter	26.	Candida
3.	Alcaligenes	27.	Cryptococcus
4.	Anaerobes	28.	Histoplasma
5.	Bacteroides	29.	Mucormycosis
6.	Citrobacter	30.	Torulopsis glabrata
7.	Clostridium	31.	Other
8.	Corynebacterium	<u>Protozoal</u>	
9.	E. Coli	32.	Pneumocystis carinii
10.	Enterococcus (Strep D)	33.	Toxoplasma
11.	Enterobacter	34.	Other
12.	Klebsiella	<u>Viral</u>	
13.	Legionella	35.	Adenovirus
14.	Listeria	36.	CMV
15.	M. tuberculosis	37.	CMV serology conversions
16.	Neisseria	38.	EBV
17.	Pneumococcus	39.	HIV
18.	Pseudomonas	40.	HSV
19.	Serratia marcescens	41.	HZV
20.	Shigella	42.	RSV
21.	Staphylococcus aureus	43.	Viral hepatitis A
22.	Staphylococcus coagulase negative	44.	Viral hepatitis B
23.	Streptococcus (non-enterococcal)	45.	Viral hepatitis B plus hepatitis Delta
24.	Other	46.	Viral hepatitis C
		47.	Other
		48.	Unknown

SEVERITY CODES

1. Mild to Moderate
2. Life Threatening Shock (SEP < 80)

TREATMENT CODES

1. Medical
2. Radiological
3. Surgical
4. Combination
5. None

STATUS CODES

1. Resolved (controlled)
2. Unresolved/continuing/worsening
3. Retransplant
4. Died