



NIDDK

Liver Transplantation Database

LIVING DONOR FOLLOW-UP COMPLICATIONS FORM

05/10/1993

DONOR ID _____

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 _____

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PATIENT ID _____ - _____

TRANSPLANT NO. _____

I. 1. DATE OF EVALUATION

_____/_____/_____
MM DD YY

2. EVALUATION TIMEPOINT (check one)

___ 1. Day 1

___ 8. Year 2

___ 2. Day 3

___ 9. Year 3

___ 3. Week 1

___ 10. Year 4

___ 4. Week 3

___ 11. Year 5

___ 5. Month 3

___ 12. Death

___ 6. Month 6

___ 13. Lost to Follow-Up

___ 7. Year 1

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II. COMPLICATIONS (since last evaluation)

	CONTINUATION STATUS	DATE OF ONSET	REQUIRED SURGERY	STATUS CODE
	CODE (as specified on opposite page)			
<u>LIVER INJURY</u>				
___ 1. Bile duct	_____	___/___/___	_____	_____
___ 2. Hepatic artery	_____	___/___/___	_____	_____
___ 3. Portal vein	_____	___/___/___	_____	_____
___ 4. Necrosis	_____	___/___/___	_____	_____
___ 5. Abscess	_____	___/___/___	_____	_____
<u>ABDOMINAL</u>				
___ 6. Intra-abdominal bleed	_____	___/___/___	_____	_____

specify source (30 char)				
___ 7. GI bleed	_____	___/___/___	_____	_____
___ 8. Intra-abdominal abscess/fluid	_____	___/___/___	_____	_____

specify location (30 char)				
___ 9. Biliary leak	_____	___/___/___	_____	_____

specify source (30 char)				
IF YES	9.1 Treatment (code as specified on opposite page)		_____	

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	CONTINUATION STATUS CODE (as specified on opposite page)	DATE OF ONSET MM DD YY	REQUIRED SURGERY (check if YES)	STATUS CODE (as specified on opposite page)
<u>CARDIOPULMONARY</u>				
___ 10. Hypotension	_____	___/___/___	_____	_____
___ 11. Hypertension	_____	___/___/___	_____	_____
___ 12. Myocardial infarction	_____	___/___/___	_____	_____
___ 13. Congestive heart failure	_____	___/___/___	_____	_____
___ 14. Pneumothorax (requiring chest tube)	_____	___/___/___	_____	_____
___ 15. Pleural effusion (requiring thoracentesis)	_____	___/___/___	_____	_____
___ 16. Cardiopulmonary arrest	_____	___/___/___	_____	_____
___ 17. ARDS	_____	___/___/___	_____	_____
___ 18. Atrial arrhythmia	_____	___/___/___	_____	_____
___ 19. Ventricular arrhythmia	_____	___/___/___	_____	_____
___ 20. Reintubation	_____	___/___/___	_____	_____
___ 21. Pulmonary edema	_____	___/___/___	_____	_____
<u>WOUND COMPLICATION</u>				
___ 22. Abscess	_____	___/___/___	_____	_____
___ 23. Dehiscence	_____	___/___/___	_____	_____
___ 24. Vein incision	_____	___/___/___	_____	_____
<u>RENAL</u>				
___ 25. Renal failure	_____	___/___/___	_____	_____

IF YES

25.1 Creatinine _____ mg/dl	25.2 Date of Sample ___/___/___ MM DD YY	25.3 Dialysis given? Yes___ No___
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	<u>CONTINUATION STATUS</u> <u>CODE</u> (as specified on opposite page)	<u>DATE OF ONSET</u> MM DD YY	<u>REQUIRED SURGERY</u> (check if YES)	<u>STATUS CODE</u> (as specified on opposite page)
<u>OTHER</u>				
___26. Drug reaction	_____	___/___/___	_____	_____

specify (30 char)				
___27. Neurologic	_____	___/___/___	_____	_____

specify (30 char)				
___28. Other	_____	___/___/___	_____	_____

specify (30 char)				
___29. Other	_____	___/___/___	_____	_____

specify (30 char)				

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___30. Treated Infection

IF YES, code as specified on opposite page

	SITE	ORGANISM	DATE OF SAMPLE OF FIRST POSITIVE CULTURE
30.1	____	____	___/___/___
30.2	____	____	___/___/___
30.3	____	____	___/___/___
30.4	____	____	___/___/___
30.5	____	____	___/___/___ MM DD YY

III. COMMENTS: Yes___ No___

IF YES

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(60 char/line)

CONTINUATION STATUS CODES

1. Existing Pre-surgery continuing Post-surgery
2. Continuing from last follow-up evaluation

STATUS CODES

1. Resolved (controlled)
2. Unresolved/Continuing/Worsening
3. Died

BILIARY LEAK TREATMENT CODES

0. None
1. Surgical
2. Radiological
3. Endoscopic
4. Surgical/Endoscopic
5. Surgical/Radiological
6. Radiological/Endoscopic

CONTINUATION STATUS CODES

1. Existing Pre-surgery continuing Post-surgery
2. Continuing from last follow-up evaluation

STATUS CODES

1. Resolved (controlled)
2. Unresolved/Continuing/Worsening
3. Died

CONTINUATION STATUS CODES

1. Existing Pre-surgery continuing Post-surgery
2. Continuing from last follow-up evaluation

STATUS CODES

1. Resolved (controlled)
2. Unresolved/Continuing/Worsening
3. 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.	Aspergillis
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