

Event Checking Chart

End Stage Liver Disease

Name of Centre Gender Year of Birth

Patient ID Date of event

1. Has the patient experienced one or more signs of end stage liver disease in relation to the event?

If yes: Oesophageal variceal bleeding No Unknown
 Hepatic encephalopathy grade 3 or 4 (*pre-coma or coma*)
 Hepatorenal syndrome (*acute renal failure in patient with existing severe chronic liver disease*)
 Ascites (confirmed by imaging or paracentesis)
 Liver transplantation

2. Was this a fatal ESLD event?

Yes No Unknown

All available information regarding this event has been collected.

Reported by:

Date:

Stamp/signature:

Verified by

Date:

Stamp/signature:

(Senior physician):