

# 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*)  
 Liver transplantation  


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 Ascites (confirmed by imaging or paracentesis)

If ascites applies: Was all other clinical causes of ascites beside portal vein hypertension (i.e. right ventricle heart failure, ovaria- and pancreatic cancer, peritoneal carcinomatosis, non-hepatic causes of hypoalbuminemia, pancreatitis and portal vein thrombosis) ruled out?

Yes  No  Unknown

**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):**