

NAME OF THE HOSPITAL: _____

7). Uncontrolled Diabetes Mellitus with Pyelonephritis 10 days stay: M13U2.4

1. Name of the Procedure: Uncontrolled Diabetes Mellitus with Pyelonephritis 10 days stay
2. Indication: Pyelonephritis
3. Does the patient with Random Blood Sugar more than 200mg/dl presented with Nausea, Vomiting, Fever and Flank pain: Yes/No (Upload Random BSL Report)
4. If the answer to question 3 is Yes, then is the Urine examination suggestive of UTI: Yes/No (Upload Urine R/M report)
5. If the answer to question 4 is Yes, then is X-ray KUB and USG Abdomen done to r/o associated renal abnormalities: Yes/No (Upload X-ray KUB and USG abdomen reports) (90% patients will not have any abnormality)

For Eligibility for Uncontrolled Diabetes Mellitus with Pyelonephritis 10 days stay the answer to question 5 should be yes

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp
