

NAME OF THE HOSPITAL: _____

6). Cirrhosis With Hepatic Encephalopathy - 11 Days Stay: M14V1.14

1. Name of the Procedure: Cirrhosis With Hepatic Encephalopathy
2. Indication: Cirrhosis with encephalopathy with or without GI bleeding
3. Did the patient present with Hematemesis/ Malena/ Altered Sensorium/ Decreased urine output/ Abdominal distention/ Abdominal Pain/ Jaundice: Yes/No
4. If the answer to question 3 is Yes is there evidence of Cirrhosis With Encephalopathy work up done in Liver profile include INR, Hemogram, Ultrasound, Electrolytes & Creatinine: Yes/No (Upload reports)
5. If the answer to question 4 is Yes have the following tests being done- Upper or Lower GI Endoscopy/ Ascitic fluid analysis: Yes/No (Upload reports)- Optional

For Eligibility for Cirrhosis With Hepatic Encephalopathy the answer to question 4 must be Yes

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

Treating Doctor Signature with Stamp
