

NAME OF THE HOSPITAL: _____

8). Embolization Of Postoperative And Post Traumatic Bleeding: M15W1.13

1. Name of the Procedure: Embolization Of Postoperative And Post Traumatic Bleeding
2. Indications: Select indication which is applicable
Post operative Bleeding/ Post Traumatic Bleeding causing Hemodynamic instability/
Post Traumatic Bleeding causing Drop in Hb by 2 gm in 24 hrs/ Post Traumatic Bleeding
causing Pseudoneurysm or arteriovenous fistula
3. Does the patient presented with bleeding, hypotension, tachycardia: Yes/No (Upload
clinical photograph in external bleeding)
4. If the answer to question 3 is Yes then are the following tests being done- CBC,
Coagulation Profile (PT INR, Platelet Count), Creatinine, CT scan: Yes/No (Upload
reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of uncorrectable
coagulopathy: Yes/No

For Eligibility for Embolization Of Post operative And Post Traumatic Bleeding the answer to
question 5 must be No

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

Treating Doctor Signature with Stamp
