

NAME OF THE HOSPITAL: _____

7). Snake Bite Requiring Ventilator Support: M16Q1.7

1. Name of the Procedure: Snake Bite Requiring Ventilator Support
2. Indication: Snake Bite
3. Does the patient presented with Snake bite with respiratory paralysis(cobra bite)/abdominal pain(krait bite): Yes/No
4. If the answer to question 3 is Yes is there evidence of 5 D's(Dyspnea / Dysarthria / Diplopia / Dysphonia / Dysphagia) with 2 P's(Ptosis / Cranial nerve palsies): Yes/No
5. If the answer to question 4 is Yes, then is the patient having evidence of Oxygen saturation less than 90% demonstrated on Pulse Oxymetry OR Respiratory rate <5 or >30: Yes/No (Upload Pulse Oxymetry report)

For Eligibility for Snake Bite Requiring Ventilator Support the answer to question 5 must be Yes

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

Treating Doctor Signature with Stamp
