

NAME OF THE HOSPITAL: _____

8). Scorpion sting requiring Ventilator Support: M16Q1.8

1. Name of the Procedure: Scorpion sting requiring Ventilator Support
2. Indication: Scorpion sting
3. Does the patient presented with Scorpion sting with hypertension, tachycardia and/or priapism(Male patient): Yes/No
4. If the answer to question 3 is Yes is there evidence of Pulmonary edema on X-ray chest: Yes/No (Upload X-Ray chest report)
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: Yes/No (Upload Pulse Oxymetry report)

For Eligibility for Scorpion sting 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
