

NAME OF THE HOSPITAL: _____

9). Metabolic coma requiring Ventilator Support: M16Q1.9

1. Name of the Procedure: Metabolic coma requiring Ventilator Support
2. Indication: Metabolic coma
3. Does the patient presented with Coma with no localization in CNS examination/Dolls eye normal/Plantars either extensor or flexor without any neck stiffness: Yes/No
4. If the answer to question 3 is Yes, then is the patient having evidence of Metabolic coma demonstrated through investigations like Blood Sugar/LFT/RFT/Serum Electrolytes and ABG : Yes/No (Upload Reports)
5. If the answer to question 4 is Yes is there evidence of Respiratory failure documented by Oxygen saturation less than 90% on Pulse Oxymetry OR ABG showing PaO₂<70: Yes/No(Upload Reports)

For Eligibility for Metabolic coma 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
