NAME OF THE HOSPITAL: _____

PATIENT NAME: _____

3). Acute bronchitis with pneumonia with respiratory failure; ventilator for up to 10 days:

M3Q1.3

1. Name of the Procedure:
   Acute bronchitis with pneumonia with respiratory failure; ventilator for up to 10 days

2. Indication: Acute bronchitis with pneumonia with respiratory failure

3. Does the patient presented with Severe Pneumonia (cough, fever, breathlessness) and hypoxemia (SaO2 < 90%, PaO2 < 60 mmHg with / without PaCO2 > 40mmHg): Yes/No (Upload ABG Report)

4. If the answer to question 3 is Yes, then is the patient having evidence of:

   a). X-ray chest showing infiltrates: Yes/No (Upload X-Ray film)
      (CT Scan optional if X-Ray doubtful and non confirmatory)

   b). ECG and/or 2D-ECHO done to r/o cardiac abnormalities: Yes/No (Upload ECG and/or 2D-ECHO report)

   c). Hemogram, RFT and LFT tests done: Yes/No (Upload reports)

For eligibility for Acute bronchitis with pneumonia with respiratory failure; ventilator for up to 10 days stay, the answer to questions 4a AND 4b AND 4c should be Yes.

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

Treating Doctor Signature with Stamp

_____