

NAME OF THE HOSPITAL: _____

PATIENT NAME: _____

4). ARDS with ventilator care – 14 days stay: M3Q1.4

1. Name of the Procedure:

ARDS with ventilator care – 14 days stay

2. Indication: Acute Respiratory Distress Syndrome

3. Does the patient presented with Acute respiratory failure (due to alveolo capillary membrane injury) in presence of catastrophic conditions – sepsis, poly trauma, shock (obstetric, hemorrhagic), poisoning, stings and bites, hypersensitivity reactions (etc.)

PaO₂ < 60 mmHg with / without PaCO₂ > 40 mmHg, PaO₂ – non-responsive to oxygen administration by mask: Yes/No (Upload ABG Report)

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

a). Hematological and Biochemical tests i.e. hemogram, RFT and LFT done: Yes/No (Upload reports)

b). X-ray chest showing infiltrates: Yes/No (Upload X-Ray film)

c). Serological assessment for markers of sepsis done: Yes/No (Upload Report)--Optional

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

e). Investigations for complications of other organ systems (Bilirubin, SGOT, SGPT, Serum Protein, Alkaline Phosphatase, PT, Blood Urea, Creatinine, Serum Electrolytes and Coagulation profile) done: Yes/No (Upload reports)

For eligibility for ARDS with ventilator care-14 days stay, the answer to questions 4a AND 4b AND 4d AND 4e should be Yes.

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

Treating Doctor Signature with Stamp
