

NAME OF THE HOSPITAL: _____

PATIENT NAME: _____

5). ARDS with multi organ failure with ventilator care for up to 14 days stay: M3Q1.5

1. Name of the Procedure:

ARDS with multi organ failure with ventilator care for up to 14 days stay

2. Indication: Acute Respiratory Distress Syndrome with multi organ failure

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.) with demonstration of specific organ dysfunction (Kidney / gastrointestinal / liver/ haematological / cardiac / neurological / others): Yes/No

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

a). Arterial Blood gases documenting PaO₂ < 60mmHg: Yes/No (Upload ABG Report)

b). Hematological and Biochemical tests i.e. Routine Hemogram, LFT and RFT done: Yes/No (Upload reports)

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

d). X-ray chest done: Yes/No (Upload X-Ray film)

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

f). Investigations for complications of other organ systems documenting organ dysfunction: Yes/No (Upload Bl. Urea, Serum Creatinine, SGOT, PT, TLC, DLC reports)

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

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

Treating Doctor Signature with Stamp
