

NAME OF THE HOSPITAL: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_

6). ARDS plus DIC with ventilator care: M3Q1.6

1. Name of the Procedure:

ARDS plus DIC with ventilatory care

2. Indication: Acute Respiratory Distress Syndrome with DIC

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 coagulation failure / bleeding from different sites / haematological abnormalities: Yes/No

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

a). Arterial Blood gases documenting PaO<sub>2</sub> < 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 (Bilirubin, SGOT, SGPT, Serum Protein, Alkaline Phosphatase, PTI, Blood Urea, Creatinine and Electrolytes): Yes/No (Upload reports)

g). Detailed hematological and coagulation assessment – platelets, coagulation factors documenting abnormal coagulation parameters: Yes/No (Upload Coagulation profile report)

For eligibility for ARDS plus DIC with ventilatory care, the answer to questions 4a AND 4b AND 4d AND 4e AND 4f AND 4g should be Yes

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

Treating Doctor Signature with Stamp

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