

NAME OF THE HOSPITAL: _____

PATIENT NAME: _____

7). OP Poisoning requiring ventilatory assistance: M3Q1.7

1. Name of the Procedure: OP Poisoning requiring ventilatory assistance

2. Indication: OP Poisoning

3. Does the patient had history of OP compound consumption and presented with muscle fasciculation's or cramping or weakness or seizures or rapid loss of consciousness or hypotension or genito -urinary in-continance and severe respiratory distress: Yes/No 4. If the

answer to question 3 is Yes, then is the patient having evidence of hypoxia with PaO2 < 85% on ABG: Yes/No (Upload ABG report)

5. If the answer to question 4 is Yes is there evidence of anticholinesterase levels done: Yes/No (Upload report)

For Eligibility for OP Poisoning requiring ventilatory assistance the answer to question 5 must be Yes.

Treating Doctor Signature with Stamp
