

NAME OF THE HOSPITAL: _____

PATIENT NAME: _____

8). Septic shock ICU management with ventilatory assistance: M3Q1.8

1. Name of the Procedure: Septic shock ICU management with ventilatory assistance
2. Indication: Septic Shock
3. Does the patient presented with fever with chills or rigors or confusion or anxiety and coma or difficult breathing: Yes/No
4. If the answer to question 3 is Yes, then is the patient having evidence of
 - a. Tachypnea (>24 breaths/min): Yes/No
 - b. Tachycardia (heart rate >90 beats/min): Yes/No
 - c. Leukocytosis , leucopenia or increased bands: Yes/No (Upload CBC report)
5. If the answer to >2 questions out of 4a, 4b & 4c is Yes is there evidence of
 - a. RFT and LFT being done to look for impairment in function: Yes/No (Upload reports)
 - b. X-Ray chest and USG done to look for focus of infection: Yes/No (Upload reports)
 - c. Blood culture or Urine culture or sputum culture to look for source of infection: Yes/No (Report may be uploaded at the time of claim)
6. If the answer to question 5a and 5b is Yes is there evidence of hypoxia with PaO₂ < 85% on ABG: Yes/No (Upload Report)

For Eligibility for Septic shock ICU management with ventilatory assistance the answer to question 6 must be Yes.

Treating Doctor Signature with Stamp
