

NAME OF THE HOSPITAL: _____

1). Tetanus Severe: M5 R1.1

1. Name of the Procedure: Tetanus Severe

2. Indication: Tetanus

3. Does the patient presented with history of injury or deliver or surgical procedure or dental infection or ear infection with presence of muscle spasm and trismus: Yes/No

4. If the answer to question 3 is Yes is there evidence of Oxygen saturation less than 90% on pulse oxymetry: Yes/No (Upload pulse oxymetry report)
(Patients having severe muscle spasms with laryngeal stridor should be prophylactically paralysed and put on ventilator and hence oxygen saturation less than 90% is not mandatory)

For Eligibility for Tetanus Severe the answer to question 4 may be Yes OR No

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

Treating Doctor Signature with Stamp
