

NAME OF THE HOSPITAL: _____

2). Diphtheria Complicated: M5 R1.2

1. Name of the Procedure: Diphtheria Complicated

2. Indication: Diphtheria

3. Does the patient presented with H/o Fever accompanied by dysphagia and tonsillar membrane: Yes/No

4. If the answer to question 3 is Yes, then is the gram stain of throat swab suggestive of KLB organism: Yes/No (Upload test report)

5. If the answer to question 4 is Yes, is there evidence of Dysphagia, Dysarthria, Aspiration in trachea and Respiratory rate >30 with or without SaO₂ by Pulse Oxymetry < 90% : Yes/No (Upload pulse oxymetry report)

For Eligibility for Diphtheria Severe the answer to question 5 should be yes

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

Treating Doctor Signature with Stamp
