

NAME OF THE HOSPITAL: _____ 9.

Pericardial Effusion Tamponade: M7T1.10

1. Name of the Procedure: Pericardiocentesis
2. Indications:
Cardiac Tamponade/ Large Effusion
3. Did the patient present with dyspnea, hypotension, raised IVP, muffling of heart sounds on auscultation, pulsus paradoxus: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done-
ECG, 2 D Echo/ CT: Yes/No (Upload reports)

For Eligibility for Pericardial Effusion Tamponade the answer to question 4 must be Yes

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

Treating Doctor Signature with Stamp
