

NAME OF THE HOSPITAL: _____

12. Acute MI Requiring IABP Pump: M7T1.4

1. Name of the Procedure: Acute MI Requiring IABP Pump
2. Indications:
Cardiogenic shock/ Mechanical complications like MR, VSD/ Pre-operative to CABG-
severe LV dysfunction with hemodynamic instability/ Post-operative to CABG-
cardiogenic shock/ High risk coronary intervention- Left main/TVD with LV dysfunction/
Intractable ischemic arrhythmia
3. Did the patient present with hypotension, pulmonary edema, ongoing ischemic
symptoms/arrhythmia: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done - ECG/ 2 D
Echo/ Angiography: Yes/No (Upload reports)
5. If the answer to question 4 is Yes then is there evidence of
 - a. Severe aortic insufficiency: Yes/No
 - b. Aortic dissection: Yes/No
 - c. Critical limb ischemia: Yes/No
 - d. Aortic aneurysm: Yes/No

For Eligibility for Acute MI Requiring IABP Pump the answer to question 5a, 5b, 5c & 5d
must be No

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

Treating Doctor Signature with Stamp
