NAME OF THE HOSPITAL: _____

- 15. Pulmonary Embolism: M7T1.7
 - 1. Name of the Procedure: Pulmonary Embolism Thrombolysis
 - 2. Indications:

Hemodynamically unstable patient/ signs of RV dysfunction on 2 D echo/ elevated cardiac biomarkers Hemodynamically stable patient/ no signs of RV dysfunction on 2 D echo and normal

- 3. Did the patient present with chest pain, breathlessness, syncope: Yes/No
- 4. If the answer to question 3 is Yes then are the following tests being done- ECG, 2 D

Echo, CT pulmonary angio: Yes/No (Upload reports)

- 5. If the answer to question 4 is Yes then is there evidence of
 - a. Prior intracranial hemorrhage: Yes/No

cardiac biomarkers (Trop – T / CPK-MB)

- b. Intracranial AV malformation: Yes/No
- c. Malignant intra cranial neoplasm: Yes/No
- d. Ischemic stroke < 3 months: Yes/No
- e. Suspected Aortic dissection: Yes/No
- f. Active bleeding (except menses): Yes/No
- g. Recent surgery of spinal cord or brain: Yes/No
- h. Recent head injury: Yes/No

For Eligibility for Pulmonary Embolism the answer to question 5a, 5b, 5c, 5d, 5e, 5f, 5g & 5h must be No

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

Treating Doctor Signature with Stamp

NAME OF THE HOSPITAL: _____

- 16. Pulmonary Embolism: M7T1.7
 - 1. Name of the Procedure: Pulmonary Embolism medical management
 - 2. Indications:

Hemodynamically unstable patient/ signs of RV dysfunction on 2 D echo/ elevated cardiac biomarkers Hemodynamically stable patient/ no signs of RV dysfunction on 2 D echo and normal cardiac biomarkers (Trop – T / CPK-MB)

- 3. Did the patient present with chest pain, breathlessness: Yes/No
- 4. If the answer to question 3 is Yes then are the following tests being done- 2 D Echo, CT pulmonary angio: Yes/No (Upload reports)
- 5. If the answer to question 4 is Yes then is there evidence of
 - a. Active bleeding (except menses): Yes/No
 - b. Severe hepatic insufficiency: Yes/No

For Eligibility for Pulmonary Embolism the answer to question 5a & 5b must be No

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

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