

NAME OF THE HOSPITAL: _____

1. Acute Renal Failure - (ARF) - 10 Days Stay in MICU: M8T2.2

1. Name of the Procedure: Acute Renal Failure - (ARF) - 10 Days Stay in MICU

2. Indication: Acute Renal Failure

3. Does the patient has short history (hours to days) of illness: Yes/No

4. If the answer to question 3 is yes, does the patient has symptoms of low urine output, swelling in legs, ankle and feet/ Drowsiness/ Breathlessness/ Confusion/ Nausea/ Seizures or Coma:
Yes/No

5. If yes, then whether serum urea and creatinine levels have been done: Yes/No (Upload Sr. Urea and Sr. Creatinine levels)

6. If the answer to question 5 is Yes does the patient have history of fluid loss/hypotension: Yes/No

7. If the answer to question 6 is no, then does the

a. Urine shows RBC's on Urine routine/microscopic examination: Yes/No (Upload report)

AND

b. Normal renal size on USG KUB: Yes/No (Upload USG Report)

(If yes, perform special investigations like ANA, ANCA, dsDNA, C3, C4 if needed, followed by renal biopsy)

8. If the answer to question 6 OR question (7a AND 7b) is Yes, does the patient have

symptoms of nausea/vomiting/difficulty in breathing/drowsiness/acidotic

breathing/flaps: Yes/No

9. If the answer to question 8 is Yes then does this patient has raised serum urea and creatinine: Yes/No

For eligibility for Acute Renal Failure - (ARF) - 10 Days Stay in MICU the answer to question 9 should be Yes

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

Treating Doctor Signature with Stamp
