

NAME OF THE HOSPITAL: _____

6). De-Compressive Craniotomy (Non Traumatic): S10I1.6

1. Name of the Procedure: De-Compressive Craniotomy (Non Traumatic)
2. Indication: Tumors/ Cysts/ Subarachnoid Hemorrhage/ Subdural Hematoma/
Arteriovenous Malformation/ Brain Abscesses/ Craniosynostosis/ Cerebral Thrombosis/
Cerebral Venous Thrombosis/ Cortical Sinus Thrombosis
3. Does the patient presented with headache, vomiting, altered sensorium, convulsion,
hemiparesis, fever, unconsciousness: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done - CT Scan/MRI
brain, CBC: Yes/No (Upload reports)
5. If the answer to question 4 is Yes then is there evidence of
 - a. Bilateral orbital invasion in non-blind patients: Yes/No
 - b. Lack of brain retraction: Yes/No
 - c. Internal Carotid artery by aggressive malignancies: Yes/No

For Eligibility for De-Compressive Craniotomy (Non Traumatic) the answer to questions 5a, 5b & 5c must be NO

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

Treating Doctor Signature with Stamp
