

NAME OF THE HOSPITAL: _____

21). External Ventricular Drainage (EVD): S10I2.13

1. Name of the Procedure: External Ventricular Drainage (EVD)
2. Indication: Hydrocephalous/ Hemorrhage/ Tumor/ Meningitis/ Traumatic Brain Injury
3. Does the patient presented with vomiting, altered sensorium, drowsiness, seizure, generalized tonic clonic convulsions, headache: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done - CT/ MRI, CSF Analysis, Coagulation Profile: Yes/No (Upload reports)
5. If the answer to question 4 is Yes then is there evidence of
 - a. On anticoagulation therapy: Yes/No
 - b. Scalp infection: Yes/No
 - c. Brain Abscess: Yes/No

For Eligibility for External Ventricular Drainage (EVD) 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
