

NAME OF THE HOSPITAL: _____

7. Eclampsia with complication requiring Ventilatory support: S4C1.3

1. Name of the Procedure: Eclampsia with complication requiring Ventilatory support

2. Indication: Eclampsia with complication

3. Is there any evidence of other causes of convulsions:

a. Epilepsy: Yes/No

b. Encephalitis/ meningitis: Yes/No

c. Intracranial tumors: Yes/No

d. Puerperal cerebral thrombosis: Yes/No

e. Electrolyte imbalance/ hypoglycemia: Yes/No

f. Drug reactions: Yes/No

4. If answer to questions 3a AND 3b AND 3c AND 3d AND 3e AND 3f is No, whether patient is a known case of Pre-eclampsia with convulsions: Yes/No

5. If the answer to question 4 is yes, then is there evidence of Eclampsia with complications confirmed through investigations like CBC with platelets, PT, APTT, Fibrinogen, FDP, LFT, RFT, Coagulation profile, U albumin, Fundoscopy and ABG: Yes/No (Upload reports)

For eligibility for Eclampsia with complication requiring Ventilatory support the answer to question 5 should be Yes with evidence of Respiratory distress on ABG analysis

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

Treating Doctor Signature with Stamp
