

NAME OF THE HOSPITAL: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_

39). NEPHROSTOMY: Pyonephrosis: (S9H7.1)-A

1. Name of the Procedure: NEPHROSTOMY

2. Select the Indication from the drop down of various indications provided under this head:

Pyonephrosis
Impacted ureteric calculus/PUJ calculus
Tight PUJ obstruction

3. Does the patient have history of Pain/ fever with chills/ Renal failure: Yes/No

4. If the answer to question 3 is Yes then is there evidence of

a. Raised serum Creatinine suggesting deranged renal function: Yes/No (Upload Sr. Creatinine Report)

OR

b. Pyonephrosis demonstrated on USG KUB: Yes/No (Upload USG film)

OR

c. Pyonephrosis demonstrated on CT KUB : Yes/No (Upload CT film)

5. If the answer either questions 4a OR 4b OR 4c is Yes is there evidence of

a) Malignancy of kidney: Yes/No

b) Bleeding disorders: Yes/No

For eligibility for Nephrostomy, the answer to questions 5a & 5b must be No.

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

Treating Doctor Signature with Stamp

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NAME OF THE HOSPITAL: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_

40). NEPHROSTOMY: Impacted ureteric calculus/PUJ calculus: (S9H7.1)-B

1. Name of the Procedure: NEPHROSTOMY

2. Select the Indication from the drop down of various indications provided under this head:

Pyonephrosis
Impacted ureteric calculus/PUJ calculus
Tight PUJ obstruction

3. Does the patient have history of Pain/fever/Impending Renal failure: Yes/No

4. If the answer to question 3 is Yes then is there evidence of

a. Raised serum Creatinine suggesting deranged renal function: Yes/No (Upload Sr. Creat Report)

b. Ureteric calculus/PUJ calculus demonstrated on X-Ray KUB: Yes/No

c. Pyonephrosis along with ureteric calculus/PUJ calculus demonstrated on USG KUB: Yes/No (Upload USG film)

d. Pyonephrosis along with ureteric calculus/PUJ calculus demonstrated on CT KUB: Yes/No (Upload CT film) --Optional

5. If the answer to all questions 4a AND 4b AND 4c is Yes is there evidence of bleeding disorder: Yes/No

For eligibility for Nephrostomy, the answer to question 5 must be No.

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

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NAME OF THE HOSPITAL: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_

41). NEPHROSTOMY: Tight PUJ Obstruction: (S9H7.1)-C

1. Name of the Procedure: NEPHROSTOMY

2. Select the Indication from the drop down of various indications provided under this head:

Pyonephrosis
Impacted ureteric calculus/PUJ calculus
Tight PUJ obstruction

3. Does the patient have history of Pain/fever/Impending Renal failure: Yes/No

4. If the answer to question 3 is Yes then is there evidence of

a. Raised serum Creatinine suggesting deranged renal function: Yes/No (Upload Sr. Creatinine Report)

b. Pyonephrosis demonstrated on USG KUB: Yes/No (Upload USG film)

c. Pyonephrosis demonstrated on CT KUB: Yes/No (Upload CT film) --Optional

5. If the answer to questions 4a AND 4b is Yes is there evidence of bleeding disorder: Yes/No

For eligibility for Nephrostomy, the answer to question 5 must be No.

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

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