

NAME OF THE HOSPITAL: _____

PATIENT NAME: _____

42). Nephrectomy Pyonephrosis/Xgp: Non-functioning kidney secondary to pyonephrosis/Xgp: (S9H7.2)

1. Name of the Procedure: Nephrectomy Pyonephrosis/Xgp
2. Indication: Non-functioning kidney secondary to pyonephrosis/Xgp
3. Does the patient have evidence of Pain/ Fever/ Sepsis/ Renal failure: Yes/No
4. If the answer to question 3 is Yes, then is there evidence of
 - a. Non-functioning kidney on IVP/CT (plain + contrast) provided Serum Creatinine is normal: Yes/No (Upload IVP/CT films)
(CT Plain if Serum Creatinine elevated)
 - b. USG KUB documenting Pyonephrosis/Xgp(Stone): Yes/No (Upload USG film)
 - c. CBC suggestive of increased WBC counts: Yes/No (Upload CBC report)
 - d. Non-functioning kidney demonstrated on DTPA/EC Scan: Yes/No (Upload DTPA/EC Scan report) - If facility available
5. If the answer to questions 4a AND 4b AND 4c is Yes is there evidence of Functioning kidney: Yes/No

For eligibility for Nephrectomy procedure, the answers to questions 5 should be No.

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

Treating Doctor Signature with Stamp
