

NAME OF THE HOSPITAL: _____

PATIENT NAME: _____

1). Acute severe asthma with acute respiratory failure with up to 10 days stay: M3Q1.1

1. Name of the Procedure:

Acute severe asthma with acute respiratory failure with up to 10 days stay

2. Indication: Acute severe asthma with acute respiratory failure

3. Does the patient have

a. Presence of asthma: Yes/No

AND

b. Severe Breathlessness(Respiratory rate>30/min): Yes/No

4. If the answer to questions 3a AND 3b is Yes then is the patient having evidence of:

a). SaO₂<90%, PaO₂<60mmHg with/without PaCO₂≥40mmHg on Arterial blood gas assessment: Yes/No (Upload ABG Report)

b). Low Peak Expiratory Flow rate (< 100Liters/min): Yes/No (Upload PEF Report)-
Optional

c). Biochemical Investigations i.e. Serum electrolytes, urea, creatinine, LFT and Blood Sugar done: Yes/No (Upload Reports)

5. If the answer to questions 4a AND 4c is Yes, then is the patient having evidence of:

a. Pneumothorax /other abnormalities detected on X-Ray Chest: Yes/No (Upload X-ray Chest film)

b. Chest CT being done for doubtful infiltrates on X-Ray / differential diagnosis from other conditions: Yes/No (Upload CT film) ---- Optional Investigation

For eligibility for acute severe asthma with acute respiratory failure with up to 10 days stay, the answer to either 5a OR 5b can be Yes.

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

Treating Doctor Signature with Stamp

NAME OF THE HOSPITAL: _____

PATIENT NAME: _____

2). COPD (Infective Exacerbations) up to 14 days stay with Ventilator support: M3Q1.2

1. Name of the Procedure:

COPD (Infective Exacerbations) up to 14 days stay with Ventilator support

2. Indication: COPD (Infective Exacerbations)

3. Does the patient a known case of COPD (Breathlessness, cough, expectoration) presents with increased symptoms and/or fever, with/without systemic manifestations: Yes/No

4. If the answer to question 3 is Yes, then is the patient having evidence of:

a). Arterial blood gas assessment documenting $\text{SaO}_2 < 90\%$: Yes/No (Upload ABG Report)

b). Total Leucocyte count $> 10,000/\text{cumm}$: Yes/No (Upload CBC Report)

c). X-ray chest done: Yes/No (Upload X-Ray film)
(CT Scan optional in case of doubt/complication suspected)

d). Spirometry done: Yes/No (Upload Spirometry report)-(optional)

e). ECG and/or 2D-ECHO done to r/o cardiac abnormalities: Yes/No (Upload ECG and/or 2D- ECHO report)

For eligibility for COPD (Infective Exacerbations) up to 14 days stay, the answers to 4a

AND 4b AND 4c AND 4e must be Yes

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

Treating Doctor Signature with Stamp

NAME OF THE HOSPITAL: _____

PATIENT NAME: _____

3). Acute bronchitis with pneumonia with respiratory failure; ventilator for up to 10 days:

M3Q1.3

1. Name of the Procedure:

Acute bronchitis with pneumonia with respiratory failure; ventilator for up to 10 days

2. Indication: Acute bronchitis with pneumonia with respiratory failure

3. Does the patient presented with Severe Pneumonia (cough, fever, breathlessness) and hypoxemia ($\text{SaO}_2 < 90\%$, $\text{PaO}_2 < 60 \text{ mmHg}$ with / without $\text{PaCO}_2 > 40 \text{ mmHg}$): Yes/No (Upload ABG Report)

4. If the answer to question 3 is Yes, then is the patient having evidence of:

a). X-ray chest showing infiltrates: Yes/No (Upload X-Ray film)
(CT Scan optional if X-Ray doubtful and non confirmatory)

b). ECG and/or 2D-ECHO done to r/o cardiac abnormalities: Yes/No (Upload ECG and/or 2D-ECHO report)

c). Hemogram, RFT and LFT tests done: Yes/No (Upload reports)

For eligibility for Acute bronchitis with pneumonia with respiratory failure; ventilator for up to 10 days stay, the answer to questions 4a AND 4b AND 4c should be Yes.

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

Treating Doctor Signature with Stamp

NAME OF THE HOSPITAL: _____

PATIENT NAME: _____

4). ARDS with ventilator care – 14 days stay: M3Q1.4

1. Name of the Procedure:

ARDS with ventilator care – 14 days stay

2. Indication: Acute Respiratory Distress Syndrome

3. Does the patient presented with Acute respiratory failure (due to alveolo capillary membrane injury) in presence of catastrophic conditions – sepsis, poly trauma, shock (obstetric, hemorrhagic), poisoning, stings and bites, hypersensitivity reactions (etc.)

PaO₂ < 60 mmHg with / without PaCO₂ > 40 mmHg, PaO₂ – non-responsive to oxygen administration by mask: Yes/No (Upload ABG Report)

4. If the answer to question 3 is Yes, then is the patient having evidence of:

a). Hematological and Biochemical tests i.e. hemogram, RFT and LFT done: Yes/No (Upload reports)

b). X-ray chest showing infiltrates: Yes/No (Upload X-Ray film)

c). Serological assessment for markers of sepsis done: Yes/No (Upload Report)--Optional

d). ECG and/or 2D-ECHO done to r/o cardiac abnormalities: Yes/No (Upload ECG and/or 2D-ECHO report).

e). Investigations for complications of other organ systems (Bilirubin, SGOT, SGPT, Serum Protein, Alkaline Phosphatase, PT, Blood Urea, Creatinine, Serum Electrolytes and Coagulation profile) done: Yes/No (Upload reports)

For eligibility for ARDS with ventilator care-14 days stay, the answer to questions 4a AND 4b AND 4d AND 4e should be Yes.

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

Treating Doctor Signature with Stamp

NAME OF THE HOSPITAL: _____

PATIENT NAME: _____

5). ARDS with multi organ failure with ventilator care for up to 14 days stay: M3Q1.5

1. Name of the Procedure:

ARDS with multi organ failure with ventilator care for up to 14 days stay

2. Indication: Acute Respiratory Distress Syndrome with multi organ failure

3. Does the patient presented with Acute respiratory failure (due to alveolo capillary membrane injury) in presence of catastrophic conditions – sepsis, poly trauma, shock (obstetric, hemorrhagic), poisoning, stings and bites, hypersensitivity reactions (etc.) with demonstration of specific organ dysfunction (Kidney / gastrointestinal / liver/ haematological / cardiac / neurological / others): Yes/No

4. If the answer to question 3 is Yes, then is the patient having evidence of:

a). Arterial Blood gases documenting PaO₂ < 60mmHg: Yes/No (Upload ABG Report)

b). Hematological and Biochemical tests i.e. Routine Hemogram, LFT and RFT done: Yes/No (Upload reports)

c). Serological assessment for markers of sepsis done: Yes/No (Upload Report)--Optional

d). X-ray chest done: Yes/No (Upload X-Ray film)

e). ECG and/or 2D-ECHO done to r/o cardiac abnormalities: Yes/No (Upload ECG and/or 2D- ECHO report).

f). Investigations for complications of other organ systems documenting organ dysfunction: Yes/No (Upload Bl. Urea, Serum Creatinine, SGOT, PT, TLC, DLC reports)

For eligibility for ARDS with multi organ failure with ventilator care for up to 14 days stay, the answer to questions 4a AND 4b AND 4d AND 4e AND 4f should be Yes.

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

Treating Doctor Signature with Stamp

NAME OF THE HOSPITAL: _____

PATIENT NAME: _____

6). ARDS plus DIC with ventilator care: M3Q1.6

1. Name of the Procedure:

ARDS plus DIC with ventilatory care

2. Indication: Acute Respiratory Distress Syndrome with DIC

3. Does the patient presented with Acute respiratory failure (due to alveolo capillary membrane injury) in presence of catastrophic conditions – sepsis, poly trauma, shock (obstetric, hemorrhagic), poisoning, stings and bites, hypersensitivity reactions (etc.) with demonstration of coagulation failure / bleeding from different sites / haematological abnormalities: Yes/No

4. If the answer to question 3 is Yes, then is the patient having evidence of:

a). Arterial Blood gases documenting PaO₂ < 60mmHg: Yes/No (Upload ABG Report)

b). Hematological and Biochemical tests i.e. Routine Hemogram, LFT and RFT done: Yes/No (Upload reports)

c). Serological assessment for markers of sepsis done: Yes/No (Upload Report)--Optional

d). X-ray chest done: Yes/No (Upload X-Ray film)

e). ECG and/or 2D-ECHO done to r/o cardiac abnormalities: Yes/No (Upload ECG and/or 2D- ECHO report).

f). Investigations for complications of other organ systems (Bilirubin, SGOT, SGPT, Serum Protein, Alkaline Phosphatase, PTI, Blood Urea, Creatinine and Electrolytes): Yes/No (Upload reports)

g). Detailed hematological and coagulation assessment – platelets, coagulation factors documenting abnormal coagulation parameters: Yes/No (Upload Coagulation profile report)

For eligibility for ARDS plus DIC with ventilatory care, the answer to questions 4a AND 4b AND 4d AND 4e AND 4f AND 4g should be Yes

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

Treating Doctor Signature with Stamp

NAME OF THE HOSPITAL: _____

PATIENT NAME: _____

7). OP Poisoning requiring ventilatory assistance: M3Q1.7

1. Name of the Procedure: OP Poisoning requiring ventilatory assistance
2. Indication: OP Poisoning
3. Does the patient had history of OP compound consumption and presented with muscle fasciculation's or cramping or weakness or seizures or rapid loss of consciousness or hypotension or genito -urinary in-continance and severe respiratory distress: Yes/No
4. If the answer to question 3 is Yes, then is the patient having evidence of hypoxia with $\text{PaO}_2 < 85\%$ on ABG: Yes/No (Upload ABG report)
5. If the answer to question 4 is Yes is there evidence of anticholinesterase levels done: Yes/No (Upload report)

For Eligibility for OP Poisoning requiring ventilatory assistance the answer to question 5 must be Yes.

Treating Doctor Signature with Stamp

NAME OF THE HOSPITAL: _____

PATIENT NAME: _____

8). Septic shock ICU management with ventilatory assistance: M3Q1.8

1. Name of the Procedure: Septic shock ICU management with ventilatory assistance
2. Indication: Septic Shock
3. Does the patient presented with fever with chills or rigors or confusion or anxiety and coma or difficult breathing: Yes/No
4. If the answer to question 3 is Yes, then is the patient having evidence of
 - a. Tachypnea (>24 breaths/min): Yes/No
 - b. Tachycardia (heart rate >90 beats/min): Yes/No
 - c. Leukocytosis , leucopenia or increased bands: Yes/No (Upload CBC report)
5. If the answer to ≥ 2 questions out of 4a, 4b & 4c is Yes is there evidence of
 - a. RFT and LFT being done to look for impairment in function: Yes/No (Upload reports)
 - b. X-Ray chest and USG done to look for focus of infection: Yes/No (Upload reports)
 - c. Blood culture or Urine culture or sputum culture to look for source of infection: Yes/No (Report may be uploaded at the time of claim)
6. If the answer to question 5a and 5b is Yes is there evidence of hypoxia with $\text{PaO}_2 < 85\%$ on ABG: Yes/No (Upload Report)

For Eligibility for Septic shock ICU management with ventilatory assistance the answer to question 6 must be Yes.

Treating Doctor Signature with Stamp
