

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

**1. Acute Renal Failure - (ARF) - 10 Days Stay in MICU: M8T2.2**

1. Name of the Procedure: Acute Renal Failure - (ARF) - 10 Days Stay in MICU
2. Indication: Acute Renal Failure
3. Does the patient has short history (hours to days) of illness: Yes/No
4. If the answer to question 3 is yes, does the patient has symptoms of low urine output, swelling in legs, ankle and feet/ Drowsiness/ Breathlessness/ Confusion/ Nausea/ Seizures or Coma: Yes/No
5. If yes, then whether serum urea and creatinine levels have been done: Yes/No (Upload Sr. Urea and Sr. Creatinine levels)
6. If the answer to question 5 is Yes does the patient have history of fluid loss/hypotension: Yes/No
7. If the answer to question 6 is no, then does the
  - a. Urine shows RBC's on Urine routine/microscopic examination: Yes/No (Upload report)
  - AND
  - b. Normal renal size on USG KUB: Yes/No (Upload USG Report)(If yes, perform special investigations like ANA, ANCA, dsDNA, C3, C4 if needed, followed by renal biopsy)
8. If the answer to question 6 OR question (7a AND 7b) is Yes, does the patient have symptoms of nausea/vomiting/difficulty in breathing/drowsiness/acidotic breathing/flaps: Yes/No
9. If the answer to question 8 is Yes then does this patient has raised serum urea and creatinine: Yes/No

For eligibility for Acute Renal Failure - (ARF) - 10 Days Stay in MICU the answer to question 9 should be Yes

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

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

**2. Nephrotic Syndrome 4 days stay: Renal Biopsy M8T2.3**

1. Name of the Procedure: Nephrotic Syndrome 4 days stay
2. Select the Indication from the drop down of various indications provided under this head:

Renal Biopsy
Complication due to nephrotic Syndrome

3. Does the patient presented with swelling of feet and face: Yes/No
4. If the answer to question 3 is Yes then is the patient having proteinuria more than 3+ demonstrated on dipstick: Yes/No (Upload Report)
5. If the answer to question 4 is Yes, then perform following investigations: Haemogram, Urine RE/ME, 24 hour urine protein estimation, serum urea, serum creatinine, serum albumin, lipid profile and USG KUB: Yes/No (Upload Investigation Reports)
6. If the answer to question 5 is Yes and if the age is more than 13 years, then is the 24 hour urine protein more than 3.5 gms (a lower cut-off can be taken if patient has serum albumin < 3.5gm/L)  
If the age is less than 13 years, then is the urine protein 50mg/kg/day or 40mg/m<sup>2</sup>/hr: Yes/No
7. If the answer to question 6 is yes, does the patient has normal size kidneys and normal coagulation parameters (Platelet count/ PT/PTTK): Yes/No (Upload reports)

For eligibility for renal biopsy in case of Nephrotic Syndrome the answer to question 7 should be Yes

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

**3. Nephrotic Syndrome 4 days stay: Complication due to nephrotic Syndrome M8T2.3**

1. Name of the Procedure: Nephrotic Syndrome 4 days stay
2. Select the Indication from the drop down of various indications provided under this head:

Renal Biopsy
Complication due to nephrotic Syndrome

3. Does the patient presented with swelling of feet and face: Yes/No
4. If the answer to question 3 is Yes then is the patient having
  - a. Proteinuria more than 3+ demonstrated on Urine RE/ME (Upload Urine RE/ME report)  
AND/OR
  - b. 24 hours urinary protein more than 3.5 gm/24 hrs (a lower cut-off can be taken if patient has serum albumin < 3.5gm/L): Yes/No (Upload 24 hours urinary protein levels)  
[If the age is less than 13 years, then is the urine protein 50mg/kg/day or 40mg/m2/hr: Yes/No]
5. If the answer to question 4a AND/OR 4b is Yes, then does the patient has generalized edema, oliguria, hyperlipidemia, severe hypoalbuminemia or asymmetric limb swelling or any other thrombotic complications or infections or raised BUN/Scr: Yes/No (Upload the report )

For eligibility for Nephrotic Syndrome 4 days stay: Complication due to nephrotic syndrome the answer to question 5 should be Yes.

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

**4. Rapidly Progressive Renal Failure (RPRF) 10 Days: M8T2.4**

1. Name of the Procedure: Rapidly Progressive Renal Failure (RPRF) 10 Days
2. Does the patient has short history (days to weeks): Yes/No
3. If the answer to question 2 is yes, then is the patient having evidence of rising renal function demonstrated on RFT: Yes/No (Upload RFT report)
4. If the answer to question 3 is Yes, then perform Urine RE/ME and USG KUB: Yes/No (Upload Urine RE/ME and USG KUB)

For eligibility for Rapidly Progressive Renal Failure 10 days stay the answer to question 4 should be Yes & kidney size should be near normal.

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

**5. Chronic Renal Failure (CRF) - 5 Days Stay for Initial treatment and Dialysis and supportive therapy:  
M8T2.5**

1. Name of the Procedure: Chronic Renal Failure (CRF) - 5 Days Stay for Initial treatment and Dialysis and supportive therapy
2. Does the patient has history of more than 3 months: Yes/No
3. If the answer to question 2 is yes, does the patient has raised Urea ad Creatinine levels: Yes/No (Upload Urea and Creatinine Report)
4. If the answer to question 3 is yes then is the patient having following evidence on USG  
Abdomen and KUB:  
a) Small size Kidney (Less than 9cms): Yes/No  
  
AND/OR  
b) Enlarged Kidney with multiple cysts/obstruction: Yes/No  
  
AND/OR  
c) Normal size kidneys in case of long standing diabetes/hypertension: Yes/No
5. If the answer to question 4a/4b/4c is Yes then is there evidence of Hemoglobin less than 10gms/dl: Yes/No (Upload Hb Report)
6. If the answer to question 5 is yes, check iron status of patient by performing serum iron studies: Yes/No- Optional
7. If the answer to question 5 is Yes OR No does the patient have symptoms of nausea/vomiting/difficulty in breathing/drowsiness/acidotic breathing/flaps: Yes/No
8. If the answer to question 7 is No, does this patient has raised serum urea and creatinine with eGFR< 10 ml/min: Yes/No

If answer to question 7 OR 8 is yes, patient warrants initiation of hemodialysis

(Patient usually requires dialysis when serum creatinine is more than 6 mg/dl AND/OR eGFR < 10 ml/min. However, if patient has above mentioned symptoms, an early dialysis can be initiated)

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

**6. Maintenance Haemodialysis for CRF - Dialysis and supportive therapy (Minimum of 8**

**Dialysis+monthly Dialysis Panel) - Per Month: M8T2.6**

1. Name of the Procedure: Maintenance Haemodialysis for CRF-Dialysis and supportive therapy
2. Does the patient has raised Urea Creatinine levels: Yes/No (Upload Urea and Creatinine Report)
3. If the answer to question 2 is yes then is the patient having following evidence on USG  
Abdomen and KUB:
  - a) Small size Kidney (Less than 9cms): Yes/No  
  
AND/OR
  - b) Enlarged Kidney with multiple cysts/ obstruction: Yes/No  
  
AND/OR
  - c) Normal size kidneys in case of long standing diabetes/hypertension: Yes/No
4. If the answer to questions 3a/3b/3c is Yes does the patient have symptoms of  
nausea/vomiting/difficulty in breathing/drowsiness/acidotic breathing/flaps: Yes/No
5. If the answer to question 4 is No, does this patient has raised serum urea and creatinine  
with eGFR< 10 ml/min: Yes/No (Upload reports)

For eligibility for Maintenance Haemodialysis for CRF - Dialysis and supportive therapy the answer to Question 4 OR 5 should be Yes

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