

NAME OF THE HOSPITAL: _____

1). Term Baby with Culture Positive Sepsis- Non Ventilated Hyperbilirubinemia: M6S1.1

1. Name of the Procedure: Term Baby With Culture Positive Sepsis- Non Ventilated Hyperbilirubinemia
2. Indication: Term Baby With Culture Positive Sepsis- Non Ventilated Hyperbilirubinemia
3. Does the patient present with completed gestational age ≥ 37 weeks, clinical jaundice, off colour (unwell)/ lethargy/ fever/ respiratory distress/ tachycardia/ abdominal distention/ increased gastric residues / coffee ground aspirates/seizures/ hypotonia/ petechiae/ purpura/ hypoglycemia/ hyperglycemia/ bone or joint swelling/ painful restriction of movement: Yes/No
4. If the answer to question 3 is Yes then are the following supportive tests done - Blood Culture, Serum Bilirubin, CBC/ CSF Analysis/ CRP: Yes/No (Upload reports)

For Eligibility for Term Baby with Culture Positive Sepsis- Non Ventilated Hyperbilirubinemia the answer to question 4 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: _____

2). Term Baby, Fulminant Culture Positive Sepsis, Septic Shock, Ventilated, Hyperbilirubinemia Renal Failure: M6S1.10

1. Name of the Procedure: Term Baby, Fulminant Culture Positive Sepsis, Septic Shock, Ventilated, Hyperbilirubinemia Renal Failure
2. Indication: Term Baby, Fulminant Culture Positive Sepsis, Septic Shock, Ventilated, Hyperbilirubinemia Renal Failure
3. Does the patient present with completed gestational age ≥ 37 weeks, tachycardia (>160 bpm), prolonged capillary refill time with or without hypotension, need for ventilation, clinical jaundice, oliguria, need for assisted ventilation: Yes/No
4. If the answer to question 3 is Yes then are the following supporting tests done - Renal function tests, SGPT, SGOT, Blood Culture, ABG, CBC, CSF analysis, CRP: Yes/No (Upload reports)

For Eligibility for Term Baby, Fulminant Culture Positive Sepsis, Septic Shock, Ventilated, Hyperbilirubinemia Renal Failure the answer to question 4 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: _____

3). 33 To 34 Weeks Preterm Baby Severe Hyaline Membrane Disease Clinical Sepsis Bubble CPAP Hyperbilirubinemia: M6S1.11

1. Name of the Procedure: 33 To 34 Weeks Preterm Baby Severe Hyaline Membrane Disease Clinical Sepsis Bubble CPAP Hyperbilirubinemia
2. Indication: 33 To 34 Weeks Preterm Baby Severe Hyaline Membrane Disease Clinical Sepsis Bubble CPAP Hyperbilirubinemia
3. Does the patient presented with gestational age 33- 34 weeks, respiratory distress, chest retractions, grunting, cyanosis (evidenced by need for oxygen to maintain saturations of 90-95%), requiring CPAP support, clinical jaundice, looking unwell/ lethargy/ temperature instability/ tachycardia/ abdominal distention/ / increased gastric residues / coffee ground aspirates seizures/ petechiae/ purpura/ hypoglycemia/ hyperglycemia: Yes/No
4. If the answer to question 3 is Yes then are the following supporting tests done - Chest X-Ray, Serum Bilirubin, CBC, CRP, ABG, Blood Culture – (positivity not mandatory): Yes/No (Upload reports)

For Eligibility for 33 To 34 Weeks Preterm Baby Severe Hyaline Membrane Disease Clinical Sepsis Bubble CPAP Hyperbilirubinemia the answer to question 4 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: _____

4). 33 To 34 Weeks Preterm Baby Severe Hyaline Membrane Disease With Clinical Sepsis, Mechanical Ventilation Hyperbilirubinemia: M6S1.12

1. Name of the Procedure: 33 To 34 Weeks Preterm Baby Severe Hyaline Membrane Disease With Clinical Sepsis, Mechanical Ventilation Hyperbilirubinemia
2. Indication: 33 To 34 Weeks Preterm Baby Severe Hyaline Membrane Disease With Clinical Sepsis, needing Mechanical Ventilation, Hyperbilirubinemia
3. Does the patient present with gestational age 33- 34 weeks, respiratory distress, chest retractions, grunting, cyanosis, evidenced by need for oxygen to maintain saturations of 90-95%, requiring mechanical ventilation, clinical jaundice, looking unwell/ lethargy/ temperature instability/ tachycardia > 160 bpm/ abdominal distention / increased gastric residues / coffee ground aspirates / seizures/ petechiae/ purpura/ hypoglycemia/ hyperglycemia: Yes/No
4. If the answer to question 3 is Yes then are the following supporting tests done - ABG, Chest X- Ray, Serum Bilirubin, CRP, CBC, Blood Culture (not mandatory to be positive): Yes/No (Upload reports)

For Eligibility 33 to 34 Weeks Preterm Baby Severe Hyaline Membrane Disease with Clinical Sepsis, Mechanical Ventilation Hyperbilirubinemia the answer to question 4 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: _____

**5). 35 To 36 Weeks Preterm Mild Hyaline Membrane Disease Culture Positive Sepsis
Nonventilated Hyperbilirubinemia: M6S1.13**

1. Name of the Procedure: 35 To 36 Weeks Preterm Mild Hyaline Membrane Disease Culture Positive Sepsis Nonventilated Hyperbilirubinemia
2. Indication: 35 To 36 Weeks Preterm Mild Hyaline Membrane Disease Culture Positive Sepsis Nonventilated Hyperbilirubinemia
3. Does the patient presented with gestational age 35- 36 weeks, mild tachypnea (Respiratory rate > 60 bpm)/ distress not requiring ventilation, clinical jaundice, looking unwell/ lethargy/ temperature instability/ tachycardia/ abdominal distention / increased gastric residues / coffee ground aspirates / seizures/ petechiae/ purpura/ hypoglycemia/ hyperglycemia: Yes/No
4. If the answer to question 3 is Yes then are the following supporting tests done - Blood Culture, Chest X- Ray, Serum Bilirubin, CSF Analysis, CBC, CRP: Yes/No (Upload reports)

For Eligibility for 35 To 36 Weeks Preterm Mild Hyaline Membrane Disease Culture Positive Sepsis Nonventilated Hyperbilirubinemia the answer to question 4 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: _____

6). 33 To 34 Weeks Preterm Mild Hyaline Membrane Disease Culture Positive Sepsis – Nonventilated Hyperbilirubinemia: M6S1.14

1. Name of the Procedure: 33 To 34 Weeks Preterm Mild Hyaline Membrane Disease Culture Positive Sepsis – Nonventilated Hyperbilirubinemia
2. Indication: 33 To 34 Weeks Preterm Mild Hyaline Membrane Disease Culture Positive Sepsis – Nonventilated Hyperbilirubinemia
3. Does the patient presented with gestational age 33- 34 weeks, mild tachypnea (Respiratory rate > 60 bpm)/ distress not requiring ventilation, clinical jaundice, looking unwell/ lethargy/ temperature instability/ tachycardia/ abdominal distention / increased gastric residues / coffee ground aspirates / seizures/ petechiae/ purpura/ hypoglycemia/ hyperglycemia: Yes/No
4. If the answer to question 3 is Yes then are the following supporting tests done - Chest X-Ray, Serum Bilirubin, Blood Culture, CBC, CRP: Yes/No (Upload reports)

For Eligibility for 33 To 34 Weeks Preterm Mild Hyaline Membrane Disease Culture Positive Sepsis – Nonventilated Hyperbilirubinemia the answer to question 4 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: _____

7). 33 To 34 Weeks Preterm Severe Hyaline Membrane Disease Culture Positive Sepsis Mechanical Ventilation/ Bubble CPAP Hyperbilirubinemia - 6 weeks stay: M6S1.15

1. Name of the Procedure: 33 To 34 Weeks Preterm Severe Hyaline Membrane Disease Culture Positive Sepsis Mechanical Ventilation/ Bubble CPAP Hyperbilirubinemia - 6 weeks stay
2. Indication: 33 To 34 Weeks Preterm Severe Hyaline Membrane Disease Culture Positive Sepsis Mechanical Ventilation/ Bubble CPAP Hyperbilirubinemia
3. Does the patient presented with gestational age 33- 34 weeks, chest retractions, grunting, cyanosis (evidenced by need for oxygen to maintain saturations of 90-95%), requiring Mechanical Ventilation/ Bubble CPAP, clinical jaundice, looking unwell/ lethargy/ temperature instability/ tachycardia/ abdominal distention / increased gastric residues / coffee ground aspirates / seizures/ petechiae/ purpura/ hypoglycemia/ hyperglycemia: Yes/No
4. If the answer to question 3 is Yes then are the following supporting tests done - Chest X-Ray, ABG, Serum Bilirubin, Blood Culture, CBC, CRP: Yes/No (Upload reports)

For Eligibility for 33 To 34 Weeks Preterm Severe Hyaline Membrane Disease Culture Positive Sepsis Mechanical Ventilation/ Bubble CPAP Hyperbilirubinemia the answer to question 4 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: _____

8). 30 To 32 Weeks Preterm Severe Hyaline Membrane Disease Clinical/ Culture Positive Sepsis Mechanical Ventilation Hyperbilirubinemia - 8 weeks stay: M6S1.16

1. Name of the Procedure: 30 To 32 Weeks Preterm Severe Hyaline Membrane Disease Clinical/ Culture Positive Sepsis Mechanical Ventilation Hyperbilirubinemia - 8 weeks stay
2. Indication: 30 To 32 Weeks Preterm Severe Hyaline Membrane Disease Clinical/ Culture Positive Sepsis Mechanical Ventilation Hyperbilirubinemia - 8 weeks stay
3. Does the patient present with gestational age 30- 32 weeks, respiratory distress, chest retractions, grunting, cyanosis (evidenced by need for oxygen to maintain saturations of 90-95%), requiring mechanical ventilation, clinical jaundice, looking unwell/ lethargy/ temperature instability/ tachycardia/ abdominal distention/ seizures/ petechiae/ purpura/ hypoglycemia/ hyperglycemia: Yes/No
4. If the answer to question 3 is Yes then are the following supporting tests done - Chest X-Ray, ABG, Serum Bilirubin, Blood Culture (positivity not mandatory), CBC, CRP: Yes/No (Upload reports)

For Eligibility for 30 To 32 Weeks Preterm Severe Hyaline Membrane Disease Clinical/ Culture Positive Sepsis Mechanical Ventilation Hyperbilirubinemia- 8 weeks stay the answer to question 4 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: _____

9). <30 Weeks Preterm Severe Hyaline Membrane Disease Clinical/ Culture Positive Sepsis Mechanical Ventilation Hyperbilirubinemia - 10 weeks stay: M6S1.17

1. Name of the Procedure: <30 Weeks Preterm Severe Hyaline Membrane Disease Clinical/ Culture Positive Sepsis Mechanical Ventilation Hyperbilirubinemia - 10 weeks stay
2. Indication: <30 Weeks Preterm Severe Hyaline Membrane Disease Clinical/ Culture Positive Sepsis Mechanical Ventilation Hyperbilirubinemia
3. Does the patient present with gestational age < 30 weeks (24-29) weeks, respiratory distress, chest retractions, grunting, cyanosis(evidenced by need for oxygen to maintain saturations of 90-95%), requiring mechanical ventilation, clinical jaundice, looking unwell/ lethargy/ temperature instability/ tachycardia/ abdominal distention/ increased gastric residues / coffee ground aspirates / seizures/ petechiae/ purpura/ hypoglycemia/ hyperglycemia: Yes/No
4. If the answer to question 3 is Yes then are the following supporting tests done - Chest X-Ray, ABG, Serum Bilirubin, Blood Culture (positivity not mandatory), CBC, CRP: Yes/No (Upload reports)

For Eligibility for <30 Weeks Preterm Severe Hyaline Membrane Disease Clinical/ Culture Positive Sepsis Mechanical Ventilation Hyperbilirubinemia- 10 weeks stay, the answer to question 4 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: _____

10). 33 To 34 Weeks Preterm Severe Hyaline Membrane Disease Clinical/Culture Positive Sepsis Patent Ductus Arteriosus - Medical Management Mechanical Ventilation Hyperbilirubinemia: M6S1.18

1. Name of the Procedure: 33 To 34 Weeks Preterm Severe Hyaline Membrane Disease Clinical/Culture Positive Sepsis, Patent Ductus Arteriosus - Medical Management Mechanical Ventilation Hyperbilirubinemia
2. Indication: 33 To 34 Weeks Preterm Severe Hyaline Membrane Disease Clinical/Culture Positive Sepsis Patent Ductus Arteriosus - Medical Management Mechanical Ventilation Hyperbilirubinemia
3. Does the patient presented with gestational age 33- 34 weeks, respiratory distress, chest retractions, grunting, cyanosis (evidenced by need for oxygen to maintain saturations of 90-95%), requiring mechanical ventilation, tachycardia/ murmur/ bounding pulses/ hepatomegaly, clinical jaundice, looking unwell/ lethargy/ temperature instability/ abdominal distention / increased gastric residues / coffee ground aspirates / seizures/ petechiae/ purpura/ hypoglycemia/ hyperglycemia: Yes/No
4. If the answer to question 3 is Yes then are the following supporting tests done – Chest X- Ray, ABG, Serum Bilirubin, Blood Culture (positivity not mandatory), CBC, CRP, 2 D Echo – (optional): Yes/No (Upload reports)

For Eligibility for 33 To 34 Weeks Preterm Severe Hyaline Membrane Disease Clinical/Culture Positive Sepsis Patent Ductus Arteriosus- Medical Management Mechanical Ventilation Hyperbilirubinemia the answer to question 4 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: _____

11). 30 To 32 Weeks Preterm Severe Hyaline Membrane Disease Clinical Sepsis Patent Ductus Arteriosus - Medical Management Mechanical Ventilation Hyperbilirubinemia: M6S1.2

1. Name of the Procedure: 30 To 32 Weeks Preterm Severe Hyaline Membrane Disease Clinical Sepsis Patent Ductus Arteriosus - Medical Management Mechanical Ventilation Hyperbilirubinemia
2. Indication: 30 To 32 Weeks Preterm Severe Hyaline Membrane Disease Clinical Sepsis Patent Ductus Arteriosus - Medical Management Mechanical Ventilation Hyperbilirubinemia
3. Does the patient present with gestational age 30-32 weeks, respiratory distress, chest retractions, grunting, cyanosis(evidenced by need for oxygen to maintain saturations of 90-95%), requiring mechanical ventilation, tachycardia/ murmur/ bounding pulses/ hepatomegaly, clinical jaundice, looking unwell/ lethargy/ temperature instability/ abdominal distention/ increased gastric residues / coffee ground aspirates / seizures/ petechiae/ purpura/ hypoglycemia/ hyperglycemia: Yes/No
4. If the answer to question 3 is Yes then are the following supporting tests done – Chest X- Ray, ABG, Serum Bilirubin, Blood Culture, CBC, CRP, 2 D Echo – (optional): Yes/No (Upload reports)

For Eligibility for 30 To 32 Weeks Preterm Severe Hyaline Membrane Disease Clinical Sepsis Patent Ductus Arteriosus - Medical Management Mechanical Ventilation Hyperbilirubinemia the answer to question 4 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: _____

12). <30 Weeks Preterm Severe Hyaline Membrane Disease Clinical/Culture Positive Sepsis Patent Ductus Arteriosus - Medical Management Mechanical Ventilation Hyperbilirubinemia: M6S1.3

1. Name of the Procedure: <30 Weeks Preterm Severe Hyaline Membrane Disease Clinical/Culture Positive Sepsis Patent Ductus Arteriosus - Medical Management Mechanical Ventilation Hyperbilirubinemia
2. Indication: <30 Weeks Preterm Severe Hyaline Membrane Disease Clinical/Culture Positive Sepsis Patent Ductus Arteriosus - Medical Management Mechanical Ventilation Hyperbilirubinemia
3. Does the patient present with gestational age < 30 weeks, respiratory distress, chest retractions, grunting, cyanosis (evidenced by need for oxygen to maintain saturations of 0-95%), requiring mechanical ventilation, tachycardia/ murmur/ bounding pulses/ hepatomegaly, clinical jaundice, looking unwell/ lethargy/ temperature instability/ tachycardia/ abdominal distention/ increased gastric residues/ coffee ground aspirates/ seizures/ petechiae/ purpura/ hypoglycemia/ hyperglycemia: Yes/No
4. If the answer to question 3 is Yes then are the following supporting tests done – ABG, Chest X- Ray, Serum Bilirubin, Blood Culture (positivity not mandatory), CBC, CRP, 2 D Echo – (optional): Yes/No (Upload reports)

For Eligibility for <30 Weeks Preterm Severe Hyaline Membrane Disease Clinical/Culture Positive Sepsis Patent Ductus Arteriosus - Medical Management Mechanical Ventilation Hyperbilirubinemia the answer to question 4 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: _____

13). Term Baby With Persistent Pulmonary Hypertension Ventilation - HFO

Hyperbilirubinemia Clinical Sepsis: M6S1.4

1. Name of the Procedure: Term Baby With Persistent Pulmonary Hypertension Ventilation - HFO Hyperbilirubinemia Clinical Sepsis
2. Indication: Term Baby With Persistent Pulmonary Hypertension Ventilation - HFO Hyperbilirubinemia Clinical Sepsis
3. Does the patient present with completed gestational age ≥ 37 weeks, respiratory distress, cyanosis with oxygen requirement of 100% , requiring ventilation/ HFO, clinical jaundice, looking unwell/ lethargy/ temperature instability/ tachycardia/ abdominal distention/ increased gastric residues/ coffee ground aspirates/ seizures/ petechiae/ purpura/ hypoglycemia/ hyperglycemia: Yes/No
4. If the answer to question 3 is Yes then are the following supporting tests done – Chest X- Ray, ABG, Serum Bilirubin, Blood Culture, CBC, CRP, 2 D Echo – (optional): Yes/No (Upload reports)

For Eligibility for Term Baby with Persistent Pulmonary Hypertension Ventilation - HFO Hyperbilirubinemia Clinical Sepsis the answer to question 4 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: _____

14). Term Baby With Severe Perinatal Asphyxia - Non Ventilated Clinical Sepsis

Hyperbilirubinemia: M6S1.5

1. Name of the Procedure: Term Baby With Severe Perinatal Asphyxia - Non Ventilated Clinical Sepsis Hyperbilirubinemia
2. Indication: Term Baby With Severe Perinatal Asphyxia - Non Ventilated Clinical Sepsis Hyperbilirubinemia
3. Does the patient present with completed gestational age ≥ 37 weeks, did not cry immediately after birth , required resuscitation with atleast bag & mask for > 1 minute, seizures, clinical jaundice, looking unwell/ lethargy/ temperature instability/ tachycardia/ abdominal distention/ increased gastric residues/ coffee ground aspirates/ petechiae/ purpura/ hypoglycemia/ hyperglycemia: Yes/No
4. If the answer to question 3 is Yes then are the following supporting tests done – Chest X- Ray, Serum Bilirubin, Blood Culture (positivity not mandatory), CBC, CRP, CSF Analysis, ABG, APGAR Score, Neurosonogram: Yes/No (Upload reports)

For Eligibility for Term Baby With Severe Perinatal Asphyxia - Non Ventilated Clinical Sepsis Hyperbilirubinemia the answer to question 4 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: _____

15). Term Baby With Severe Perinatal Asphyxia - Ventilated Clinical Sepsis

Hyperbilirubinemia: M6S1.6

1. Name of the Procedure: Term Baby With Severe Perinatal Asphyxia - Ventilated Clinical Sepsis Hyperbilirubinemia
2. Indication: Term Baby With Severe Perinatal Asphyxia - Ventilated Clinical Sepsis Hyperbilirubinemia
3. Does the patient presented with completed gestational age ≥ 37 weeks, did not cry immediately after birth, required resuscitation and mechanical ventilation, clinical jaundice, looking unwell/ lethargy/ temperature instability/ tachycardia/ abdominal distention/ increased gastric residues/ coffee ground aspirates/ seizures/ petechiae/ purpura/ hypoglycemia/ hyperglycemia: Yes/No
4. If the answer to question 3 is Yes then are the following supporting tests done – Chest X- Ray, Serum Bilirubin, Blood Culture (positivity not mandatory), CBC, CRP, CSF Analysis, ABG, Neurosonogram – (optional): Yes/No (Upload reports)

For Eligibility for Term Baby with Severe Perinatal Asphyxia - Ventilated Clinical Sepsis Hyperbilirubinemia the answer to question 4 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: _____

16). Term Baby Severe Hyperbilirubinemia Clinical Sepsis: M6S1.7

1. Name of the Procedure: Term Baby Severe Hyperbilirubinemia Clinical Sepsis
2. Indication: Term Baby Severe Hyperbilirubinemia Clinical Sepsis
3. Does the patient presented with completed gestational age ≥ 37 weeks, clinical icterus upto soles & palms, looking unwell/ lethargy/ temperature instability/ fever/ tachycardia/ abdominal distention/ increased gastric residues/ coffee ground aspirates/ seizures/ petechiae/ purpura/ hypoglycemia/ hyperglycemia: Yes/No
4. If the answer to question 3 is Yes then are the following supporting tests done – Chest X- Ray, Serum Bilirubin, Blood Culture (positivity not mandatory), CBC, CRP: Yes/No (Upload reports)

For Eligibility for Term Baby Severe Hyperbilirubinemia Clinical Sepsis the answer to question 4 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: _____

17). Term Baby With Seizures Ventilated Inv - Neurosonogram, CT-Scan Brain, Ultrasound Abdomen, CSF Analysis , Blood Ammonia, Lactate, Metabolilc Screening-Blood And Urine ABG , Blood Culture, 10 Days Stay With Post Treatment Evidence Of Clinical Improvement And Lab Investigations: M6S1.8

1. Name of the Procedure: Term Baby With Seizures Ventilated
2. Indication: Term Baby With Seizures Ventilated
3. Does the patient presented with completed gestational age ≥ 37 weeks, seizures, fever/ refusal of feeds/ lethargy/ altered sensorium/ consanguinity/ birth trauma/ need for resuscitation, requiring ventilation: Yes/No
4. If the answer to question 3 is Yes then are the following supporting tests done – Blood Ammonia, ABG, Neurosonogram, Blood, Lactate, CT Scan (BRAIN), CSF Analysis, Blood/ Urine metabolic screening – (optional): Yes/No (Upload reports)

For Eligibility for Term Baby with Seizures Ventilated the answer to question 4 must 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: _____

18). Necrotising Enterocolitis, Clinical Sepsis Non Ventilated Hyperbilirubinemia: M6S1.9

1. Name of the Procedure: Necrotising Enterocolitis, Clinical Sepsis Non Ventilated Hyperbilirubinemia
2. Indication: Necrotising Enterocolitis, Clinical Sepsis Non Ventilated Hyperbilirubinemia
3. Does the patient presented with preterm, feed intolerance, abdominal distention/ increased gastric residues/ coffee ground aspirates, abdominal tenderness on palpation/ blood in stools/ palpable abdominal mass/ respiratory failure/ features of shock/ lethargy/ bleeding diathesis/ apnoea/respiratory failure, clinical jaundice: Yes/No
4. If the answer to question 3 is Yes then are the following supporting tests done – X ray abdomen, USG abdomen, stool for Occult Blood, Serum Bilirubin, LFT, CBC, CRP, Blood Culture (positivity not mandatory: Yes/No (Upload reports)

For Eligibility for Necrotising Enterocolitis, Clinical Sepsis Non Ventilated Hyperbilirubinemia the answer to question 4 must 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: _____

19). Acute Broncho/ Lobar Pneumonia with Empyema/Pleural effusion: M6S10.1

1. Name of the Procedure: Acute Broncho/ Lobar Pneumonia with Empyema/ Pleural effusion
2. Does the patient have acute onset of fever, cough, ill health and tachypnoea: Yes/No
3. If the answer to questions 2 is Yes then is the patient having evidence of
 - a. Radiological presence of infiltrates and effusion/empyema demonstrated on X-Ray Chest: Yes/No (Upload X-Ray report)
 - b. SaO₂ < 90% on Pulse Oxymetry: Yes/No (Upload Report)
(ABG optional)

For eligibility for Acute Broncho / Lobar Pneumonia with Empyema /Pleural effusion, the answer to question 3a AND 3b must 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: _____

20). Acute Broncho/ Lobar Pneumonia with Pyopneumothorax; 14 days stay: M6S11.1

1. Name of the Procedure: Acute Broncho/ Lobar Pneumonia with Pyopneumothorax
2. Does the patient presented with acute lower respiratory tract infection with respiratory distress: Yes/No
3. If the answer to questions 2 is Yes then is the patient having evidence of
 - a. Radiological demonstration of hydro or pyoneumothorax on X-Ray chest:
Yes/No (Upload X-Ray report)
 - b. Pulse Oxymetry done: Yes/No (Upload Report)
(ABG optional)

For eligibility for Acute Broncho/ Lobar Pneumonia with Pyopneumothorax, the answer to question 3a AND 3b must 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: _____

21). Congenital Heart Disease With Congestive Cardiac Failure - 7 Days: M6S11.2

5. Name of the Procedure: Congenital Heart Disease With Congestive Cardiac Failure - 7 Days
6. Indication: Congenital Heart Disease With Congestive Cardiac Failure
7. Does the patient presented with respiratory infections, cough, difficulty breathing, cyanosis, difficulty feeding, drowsiness, palpable liver/ oliguria, edema feet, anasarca: Yes/No
8. If the answer to question 3 is Yes then is there evidence of actual structural abnormality leading to failure detected on X ray Chest + ECG/ 2D ECHO, CBC: Yes/No (Upload reports)

For Eligibility for Congenital Heart Disease With Congestive Cardiac Failure - 7 Days the answer to question 4 must 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: _____

22). Acquired Heart Disease With Congestive Cardiac Failure- 7 Days Stay: M6S11.3

1. Name of the Procedure: Acquired Heart Disease With Congestive Cardiac Failure- 7 Days Stay
2. Indication: Rheumatic heart disease with congestive heart failure
3. Does the patient presented with cough, fever, palpitations, breathlessness or dyspnea on exertion, arthritis, may have edema feet or anasarca, pain in abdomen: Yes/No
4. If the answer to question 3 is Yes then is there evidence of structural lesions like mitral regurgitation, mitral stenosis on X ray Chest + ECG/ 2D ECHO: Yes/No (Upload reports)

For Eligibility for Acquired Heart Disease With Congestive Cardiac Failure- 7 Days Stay the answer to question 4 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: _____

23). Viral Myocarditis 7 Days Stay: M6S11.4

1. Name of the Procedure: Viral Myocarditis 7 Days Stay
2. Indication: Viral myocarditis with congestive heart failure
3. Does the patient presented with cough, fever, breathlessness or dyspnea on exertion, feeding difficulty, may have edema feet or anasarca: Yes/No
4. If the answer to question 3 is Yes then is there evidence of congestive heart failure documented through reduced ejection fraction through X ray Chest + ECG/ CPKMB/ 2D ECHO: Yes/No (Upload reports)

For Eligibility for Viral Myocarditis 7 Days Stay the answer to question 4 must 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: _____

24). Steroid Resistant Nephrotic Syndrome Complicated Or Resistant - 2 Weeks Stay: M6S12.1

1. Name of the Procedure: Steroid Resistant Nephrotic Syndrome Complicated Or Resistant - 2 Weeks Stay
2. Indication: Steroid Resistant Nephrotic Syndrome
3. Does the patient presented with generalized swelling or peri-orbital puffiness, oliguria, fever, pain in abdomen, rarely hematuria, taken steroids for 6 weeks but urine albumin still present, or edema still persistant: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done – Creatinine, Urea, Electrolytes, Urine Exam, Urine Culture, X- ray Chest, USG abdomen: Yes/No (Upload reports)
5. If the answer to question 4 is Yes then is there evidence of histological evidence of nephrotic syndrome documented through Renal Biopsy: Yes/No (Upload report)

For Eligibility for Steroid Resistant Nephrotic Syndrome Complicated Or Resistant - 2 Weeks Stay the answer to question 5 may be Yes/ 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: _____

25). Urinary Tract Infection With Complications Like Pyelonephritis And Renal Failure - 10

Days Stay: M6S12.2

1. Name of the Procedure: Urinary Tract Infection With Complications Like Pyelonephritis And Renal Failure - 10 Days Stay
2. Indication: Urinary Tract Infection with Pyelonephritis and Renal failure
3. Does the patient presented with high grade fever with chills, generalized swelling or peri-orbital puffiness, oliguria or anuria, pain in abdomen, rarely hematuria: Yes/No
4. If the answer to question 3 is Yes then is there evidence of complications detected on USG Abdomen & renal failure detected through Urea, Creatinine, Electrolytes: Yes/No (Upload report)
5. If the answer to question 4 is Yes then are the following tests being done – CBC, Urine Exam, Urine for Culture and Sensitivity: Yes/No (Upload reports)

For Eligibility for Urinary Tract Infection with Complications like Pyelonephritis and Renal Failure - 10 Days Stay the answer to question 5 must 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: _____

26). Acute Renal Failure 10 Days Stay: M6S12.3

1. Name of the Procedure: Acute Renal Failure 10 Days Stay
2. Indication: Acute Renal Failure
3. Does the patient presented with fever, loose motions, vomiting, generalized swelling or peri-orbital puffiness, oliguria or anuria, rarely hematuria: Yes/No
4. If the answer to question 3 is Yes then is there evidence of renal failure detected through deranged Urea, Creatinine, Electrolytes: Yes/No (Upload report)
5. If the answer to question 4 is Yes then are the following tests being done – CBC, Urine Exam, Urine for Culture and Sensitivity, USG Abdomen, X-RAY, ABG: Yes/No (Upload reports)

For Eligibility for Acute Renal Failure 10 Days Stay the answer to question 5 must 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: _____

27). Acute Renal Failure With Dialysis - 10 Days Stay: M6S12.4

1. Name of the Procedure: Acute Renal Failure With Dialysis - 10 Days Stay
2. Indication: Acute Renal Failure
3. Does the patient presented with generalized swelling or peri-orbital puffiness, oliguria or anuria, rarely hematuria: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done – Urea, Creatinine, Electrolytes, CBC, USG Abdomen, X-RAY, ABG: Yes/No (Upload reports)

For Eligibility for Acute Renal Failure With Dialysis - 10 Days Stay the answer to question 4 must 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: _____

28). Thalassemia Major Requiring Chelation Therapy - 7 Days Stay - Payable maximum upto: M6S13.1

1. Name of the Procedure: Thalassemia Major Requiring Chelation Therapy - 7 Days Stay - Payable maximum upto
2. Indication: Thalassemia Major
3. Does the patient presented with anemia with hepatosplenomegaly requiring recurrent blood transfusion: Yes/No
4. If the answer to question 3 is Yes then is there evidence of abnormality detected through Hb Electrophoresis: Yes/No (Upload report)
5. If the answer to question 4 is Yes then are the following tests being done – CBC, Serum Ferritin: Yes/No (Upload reports)

For Eligibility for Thalassemia Major Requiring Chelation Therapy - 7 Days Stay - Payable maximum upto the answer to question 5 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: _____

29). Haemophilia Including treatment with blood & blood products, factor concentrate & 7 Days Stay: M6S13.2

1. Name of the Procedure: Haemophilia Including treatment with blood & blood products, factor concentrate & 7 Days Stay
2. Indication: Hemophilia
3. Does the patient presented with joint swelling, muscle hematoma after intramuscular injection, easy bruises requiring recurrent factor VIII transfusion or other bleeding manifestation: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done – CBC, Coagulation Studies - PT/ATTK & Factor Analysis: Yes/No (Upload reports)

For Eligibility for Haemophilia Including treatment with blood & blood products, factor concentrate & 7 Days Stay the answer to question 4 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: _____

30). Anaemia Of Unknown Cause treated with Haematinics, Blood Transfusion etc for minimum 5 Days Stay - Payable maximum upto: M6S13.3

1. Name of the Procedure: Anaemia Of Unknown Cause treated with Haematinics, Blood Transfusion etc for minimum 5 Days Stay - Payable maximum upto
2. Indication: Anemia with congestive cardiac failure
3. Does the patient presented with fever, increasing pallor, easy fatigability, edema feet, breathlessness: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done – CBC & Bone Marrow Examination/ Hb Electrophoresis: Yes/No (Upload reports)

For Eligibility for Anaemia of Unknown Cause treated with Haematinics, Blood Transfusion etc for minimum 5 Days Stay - Payable maximum upto the answer to question 4 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: _____

31). Pyogenic Meningitis With 10 Days Stay: M6S14.1

1. Name of the Procedure: Pyogenic Meningitis With 10 Days Stay
2. Indication: Pyogenic Meningitis
3. Does the patient presented with fever, headache, irritability, convulsions, neck stiffness or pain, history of ear discharge: Yes/No
4. If the answer to question 3 is Yes then is there evidence of pyogenic meningitis documented through CSF Analysis: Yes/No (Upload report)
5. If the answer to question 4 is Yes then are the following tests being done – CBC, X- RAY Chest: Yes/No (Upload reports)

For Eligibility for Pyogenic Meningitis With 10 Days Stay the answer to question 5 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: _____

32). Neuro Tuberculosis- 12 Days Stay - DOTS Rx Free: M6S14.2

1. Name of the Procedure: Neuro Tuberculosis- 12 Days Stay - DOTS Rx Free
2. Indication: Neuro Tuberculosis
3. Does the patient presented with fever, headache, altered sensorium, convulsions, neck stiffness or pain, kochs contact: Yes/No
4. If the answer to question 3 is Yes then is there evidence of neuro tuberculosis documented through CSF Analysis/ CT Scan Brain: Yes/No (Upload report)
5. If the answer to question 4 is Yes then are the following tests being done – CBC, X- RAY Chest, Mantoux test: Yes/No (Upload reports)

For Eligibility for Neuro Tuberculosis- 12 Days Stay - DOTS Rx Free the answer to question 5 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: _____

33). Neuro Tuberculosis With Ventilation- 12 Days Stay - DOTS Rx Free: M6S14.3

1. Name of the Procedure: Neuro Tuberculosis With Ventilation- 12 Days Stay - DOTS Rx Free
2. Indication: Neuro Tuberculosis
3. Does the patient presented with fever, headache, altered sensorium, convulsions, neck stiffness or pain, kochs contact: Yes/No
4. If the answer to question 3 is Yes then is there evidence of neuro tuberculosis documented through CSF Analysis/ CT Scan Brain & ECG: Yes/No (Upload report)
5. If the answer to question 4 is Yes then are the following tests being done – CBC, X- RAY chest, ABG: Yes/No (Upload reports)

For Eligibility for Neuro Tuberculosis With Ventilation- 12 Days Stay - DOTS Rx Free the answer to question 5 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: _____

34). Suspected Dengue Shock Syndrome With Thrombocytopenia: M6S14.4

1. Name of the Procedure: Suspected Dengue Shock Syndrome With Thrombocytopenia
2. Indication: Dengue Shock Syndrome
3. Does the patient presented with fever with rash, headache, bodyache, abdominal pain, vomiting: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done – CBC, Platelet Count and Serology: Yes/No (Upload reports)

For Eligibility for Suspected Dengue Shock Syndrome With Thrombocytopenia the answer to question 4 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: _____

35). Cerebral Malaria (Falciparum) 7 Days Stay: M6S14.5

1. Name of the Procedure: Cerebral Malaria (Falciparum) 7 Days Stay
2. Indication: Cerebral Malaria
3. Does the patient presented with fever with chills, headache, bodyache, cola coloured urine, altered sensorium, convulsions, progressive delirium and coma: Yes/No
4. If the answer to question 3 is Yes then is there evidence of malarial parasites on peripheral smear or positive serological test for parasite: Yes/No (Upload reports)
5. If the answer to question 4 is Yes then are the following tests being done – CBC, Platelet Count, Renal Function test, Liver Function test: Yes/No (Upload reports)

For Eligibility for Cerebral Malaria (Falciparum) 7 Days Stay the answer to question 5 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: _____

36). Convulsive Disorders/Status Epilepticus (Fits) - 7 Days Stay: M6S15.1

1. Name of the Procedure: Convulsive Disorders/Status Epilepticus (Fits) - 7 Days Stay
2. Indication: Status Epilepticus
3. Does the patient presented with multiple convulsions or prolonged convulsions, progressive altered sensorium, history of epilepsy: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done – CBC, Blood Sugar, S.Calcium, EEG/ CT Brain/ MRI Brain/ Electrolytes: Yes/No (Upload reports)

For Eligibility for Convulsive Disorders/Status Epilepticus (Fits) - 7 Days Stay the answer to question 4 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: _____

37). Stroke Syndrome-14 Days Stay: M6S15.2

1. Name of the Procedure: Stroke Syndrome-14 Days Stay
2. Indication: Stroke Syndrome
3. Does the patient presented with focal convulsions, weakness of one half of body, facial deviation, headache, cyanosis or previous heart disease: Yes/No
4. If the answer to question 3 is Yes then is there evidence of intracranial hemorrhage or infarct on CT Brain/ MRI Brain: Yes/No (Upload report)
5. If the answer to question 4 is Yes then are the following tests being done – CBC, 2D Echo, EEG, MRI Angiogram: Yes/No (Upload reports)

For Eligibility for Stroke Syndrome-14 Days Stay the answer to question 5 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: _____

38). Encephalitis/ Encephalopathy - 10 Days Stay: M6S15.3

1. Name of the Procedure: Encephalitis/ Encephalopathy - 10 Days Stay
2. Indication: Encephalitis/ Encephalopathy
3. Does the patient presented with fever, convulsions, altered sensorium, drowsiness, agitative behaviour: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done – CBC, CSF and/or CT Brain/ MRI Brain: Yes/No (Upload reports)

For Eligibility for Encephalitis/ Encephalopathy - 10 Days Stay the answer to question 4 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: _____

39). Guillian-Barre Syndrome- 15 Days Stay: M6S15.4

1. Name of the Procedure: Guillian-Barre Syndrome- 15 Days Stay
2. Indication: Guillian-Barre Syndrome
3. Does the patient presented with progressive weakness of both lower limbs progressing to upper limbs, breathing difficulty, sometimes tingling numbness of limbs: Yes/No
4. If the answer to question 3 is Yes then is there clinical evidence of Gullian-barre syndrome through showing demylenation changes: Yes/No (Upload report)
5. If the answer to question 4 is Yes then are the following tests being done – CSF/ EMG – Nerve Conduction Studies/ MRI: Yes/No (Upload reports)

For Eligibility for Guillian-Barre Syndrome- 15 Days Stay the answer to question 5 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: _____

40). Severe Bronchiolitis (Ventilated): M6S2.1

1. Name of the Procedure: Severe Bronchiolitis (Ventilated)
2. Indication: Bronchiolitis
3. Does the patient presented with fever, cough, breathing difficulty, feeding difficulty, irritability: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done – CBC, X-RAY chest: Yes/No (Upload reports)

For Eligibility for Severe Bronchiolitis (Ventilated) the answer to question 4 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: _____

41). Severe bronchiolitis (Non-ventilated): M6S2.2

1. Name of the Procedure: Severe bronchiolitis (Non-ventilated)
2. Does the patient have acute lower respiratory tract infection with respiratory distress:
Yes/No
3. If the answer to questions 2 is Yes then is the patient having evidence of
 - a. SaO₂ < 90% on Pulse Oxymetry: Yes/No (Upload Report)
 - b. X-ray chest done: Yes/No (Upload Reports)
(ABG optional)

For eligibility for Severe bronchiolitis (Non-ventilated), the answer to questions 3a AND 3b 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: _____

42). Severe bronchopneumonia (Non-ventilated): M6S2.3

1. Name of the Procedure: Severe bronchopneumonia (Non-ventilated)
2. Does the patient have acute lower respiratory tract infection with fever, cough, respiratory distress: Yes/No
3. If the answer to questions 2 is Yes then is the patient having evidence of
 - a. Bronchopneumonia demonstrated on X-Ray chest/ CT Chest: Yes/No (Upload Report)
 - b. SaO₂ < 90% on Pulse Oxymetry: Yes/No (Upload Report)
(ABG optional)

For eligibility for Severe bronchopneumonia (Non-ventilated), the answer to questions 3a AND 3b 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: _____

43). Severe bronchopneumonia (Ventilated): M6S2.4

1. Name of the Procedure: Severe bronchopneumonia (ventilated)
2. Does the patient have Acute lower respiratory tract infection with fever, cough, respiratory distress nonresponsive to conservative treatment with persistent respiratory distress/ failure: Yes/No
3. If the answer to questions 2 is Yes then is the patient having evidence of
 - a. Radiological Infiltrates demonstrated on X-Ray chest/CT Chest: Yes/No (Upload X-Ray/CT chest Report)
 - b. Persistently low SaO₂ (< 90%) demonstrated on Pulse Oxymetry: Yes/No (Upload Report)
 - c. ABG done: Yes/No (Upload Report)

For eligibility for Severe bronchopneumonia (Ventilated), the answer to questions 3a AND 3b AND 3c 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: _____

44). Acute Severe Asthma (ventilated): M6S2.5

1. Name of the Procedure: Acute Severe Asthma (ventilated)
2. Does the patient have acute, severe episode of asthma in either a previously known asthmatic or in a new patient for the first time, non-responding to conservative treatments: Yes/No
3. If the answer to questions 2 is Yes then is the patient having evidence of
 - a. $\text{SaO}_2 < 90\%$ demonstrated on Pulse Oxymetry: Yes/No (Upload Pulse Oxymetry Report)
 - b. X-Ray Chest and ABG done: Yes/No (Upload Reports)

For eligibility for Acute Severe Asthma (Ventilated), the answer to questions 3a AND 3b 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: _____

45). Severe Aspiration Pneumonia (Non ventilated): M6S2.6

1. Name of the Procedure: Severe Aspiration Pneumonia (Non ventilated)
2. Does the patient have acute lower respiratory tract infection (fever, cough, breathlessness) following aspiration of oro-gastric contents: Yes/No
3. If the answer to questions 2 is Yes then is the patient having evidence of
 - a. SaO₂ < 90% demonstrated on Pulse Oxymetry: Yes/No (Upload Pulse Oxymetry Report)
 - b. X-Ray Chest done: Yes/No (Upload Report)
(ABG optional)

For eligibility for Severe Aspiration Pneumonia (Non ventilated) the answer to questions 3a AND 3b 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: _____

46). Severe Aspiration Pneumonia (Ventilated): M6S2.7

1. Name of the Procedure: Severe Aspiration Pneumonia (Ventilated)
2. Does the patient have Acute lower respiratory tract infection (fever, cough, breathlessness) following aspiration of oro-gastric contents not responding to standard therapy: Yes/No
3. If the answer to questions 2 is Yes then is the patient having evidence of
 - a. Persistently low SaO₂ < 90% demonstrated on Pulse Oxymetry: Yes/No (Upload Pulse Oxymetry Report)
 - b. Radiological Infiltrates demonstrated on X-Ray Chest: Yes/No (Upload X-Ray chest Report)
 - c. ABG Done: Yes/No (Upload ABG report)

For eligibility for Severe Aspiration Pneumonia (Ventilated), the answer to questions 3a AND 3b AND 3c 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: _____

47). ARDS with Multi-organ failure: M6S2.8

1. Name of the Procedure: ARDS with Multi-organ failure
2. Does the patient have acute respiratory distress following alveolo capillary membrane leakage due to infections, sepsis, trauma or any other catastrophic event: Yes/No
3. If the answer to questions 2 is Yes then is the patient having evidence of
 - a. Low SaO₂ < 90% demonstrated on Pulse Oxymetry: Yes/No (Upload Pulse Oxymetry Report)
 - b. Abnormal Organ Function Tests (Blood urea, serum SGOT/ PT,TLC/ DLC): Yes/No (Upload Reports)
 - c. ABG and Chest X-Ray Done: Yes/No (Upload reports)

For eligibility for ARDS with Multi-organ failure, the answer to questions 3a AND 3b AND 3c 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: _____

48). ARDS plus DIC (Blood and blood products): M6S2.9

1. Name of the Procedure: ARDS plus DIC (Blood and blood products)
2. Does the patient have Acute respiratory distress following alveolo capillary membrane leakage due to infections, sepsis, trauma or any other catastrophic event and evidence of coagulation failure with bleeding from different sites: Yes/No
3. If the answer to questions 2 is Yes then is the patient having evidence of
 - a. Low SaO₂ < 90% demonstrated on Pulse Oxymetry: Yes/No (Upload Pulse Oxymetry Report)
 - b. Abnormal hematological and coagulation parameters i.e. Hemogram including blood film, Coagulation profile, platelet count and fibrinogen levels done: Yes/No (Upload Reports)
 - c. ABG and Chest X-Ray Done: Yes/No (Upload reports)

For eligibility for ARDS with Multi-organ failure, the answer to questions 3a AND 3b AND 3c 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: _____

49). Severe Myocarditis: M6S3.1

1. Name of the Procedure: Severe Myocarditis
2. Indication: Myocarditis
3. Does the patient presented with fever, cough, breathing difficulty, feeding difficulty, irritability: Yes/No
4. If the answer to question 3 is Yes then is there evidence of myocarditis documented through 2 D ECHO &/or deranged CPKMB levels + ECG + X ray Chest: Yes/No (Upload reports)
5. If the answer to question 4 is Yes then are the following tests being done – CBC, ABG, X-RAY, CRP, ECG: Yes/No (Upload reports)

For Eligibility for Severe Myocarditis the answer to question 5 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: _____

50). Congenital Heart Disease With Infection (Non Ventilated): M6S3.2

1. Name of the Procedure: Congenital Heart Disease With Infection (Non Ventilated)
2. Indication: Congenital Heart Disease With Infection
3. Does the patient presented with fever, cough, breathing difficulty, feeding difficulty, suck-rest-suck cycle, forehead sweating: Yes/No
4. If the answer to question 3 is Yes then is there evidence of congenital heart disease documented through 2 D Echo/ Chest X ray + ECG, CBC: Yes/No (Upload report)

For Eligibility for Congenital Heart Disease With Infection (Non Ventilated) the answer to question 4 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: _____

51). Congenital Heart Disease With Infection And Cardiogenic Shock (Ventilated): M6S3.3

1. Name of the Procedure: Congenital Heart Disease With Infection And Cardiogenic Shock (Ventilated)
2. Indication: Congenital Heart Disease
3. Does the patient presented with fever, cough, breathing difficulty, feeding difficulty, suck-rest-suck cycle, forehead sweating, altered sensorium or drowsy: Yes/No
4. If the answer to question 3 is Yes then is there evidence of congenital heart disease documented through 2 D Echo/ Chest X ray + ECG, CBC: Yes/No (Upload report)

For Eligibility for Congenital Heart Disease with Infection and Cardiogenic Shock (Ventilated) the answer to question 4 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: _____

52). Cardiogenic Shock: M6S3.4

1. Name of the Procedure: Cardiogenic Shock
2. Indication: Cardiogenic Shock
3. Does the patient presented with fever, cough, breathing difficulty, feeding difficulty, altered sensorium or drowsy: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done – CBC, ABG, X-ray chest, 2 D Echo/ ECG: Yes/No (Upload reports)

For Eligibility for Cardiogenic Shock the answer to question 4 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: _____

53). Infective Endocarditis: M6S3.5

1. Name of the Procedure: Infective Endocarditis
2. Indication: Infective Endocarditis
3. Does the patient presented with high grade fever with chills, cough, breathing difficulty, feeding difficulty, altered sensorium or drowsy, previous history of diagnosed heart disease: Yes/No
4. If the answer to question 3 is Yes then is there clinical evidence of infective endocarditis: Yes/No (Upload report)
5. If the answer to question 4 is Yes then are the following supporting tests being done – CBC, X-RAY Chest, CRP, 3 Blood Cultures at half hourly intervals/ Urine Microscopy/ 2 D Echo: Yes/No (Upload reports)

For Eligibility for Infective Endocarditis the answer to question 5 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: _____

54). Meningo-Encephalitis (Non Ventilated): M6S4.1

1. Name of the Procedure: Meningo-Encephalitis (Non Ventilated)
2. Indication: Meningo-Encephalitis
3. Does the patient presented with fever, convulsions, neck pain, photophobia, altered sensorium, drowsiness, agitative behaviour: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done – CBC, CSF Analysis and/or EEG and/or CT Scan Brain/ MRI Brain: Yes/No (Upload reports)

For Eligibility for Meningo-Encephalitis (Non Ventilated) the answer to question 4 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: _____

55). Meningo- Encephalitis (Ventilated): M6S4.2

1. Name of the Procedure: Meningo- Encephalitis (Ventilated)
2. Indication: Meningo-Encephalitis
3. Does the patient presented with fever, convulsions, neck pain, photophobia, altered sensorium, drowsiness, agitative behaviour: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done – CBC, CSF Analysis/ EEG/ CT Scan Brain/ MRI Brain: Yes/No (Upload reports)

For Eligibility for Meningo- Encephalitis (Ventilated) the answer to question 4 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: _____

56). Status Epilepticus: M6S4.3

1. Name of the Procedure: Status Epilepticus
2. Indication: Status Epilepticus
3. Does the patient presented with multiple convulsions or prolonged convulsions, progressive altered sensorium, history of epilepsy: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done – CBC, CSF Analysis and/or EEG/ CT Scan Brain/ MRI Brain, RBS, S.Calcium, S. Electrolytes: Yes/No (Upload reports)

For Eligibility for Status Epilepticus the answer to question 4 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: _____

57). Febrile Seizures (Atypical- Mechanical Ventilated): M6S4.4

1. Name of the Procedure: Febrile Seizures (Atypical- Mechanical Ventilated)
2. Indication: Febrile Seizures (Atypical)
3. Does the patient presented with multiple febrile convulsions or prolonged convulsions, progressive altered sensorium: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done – CBC, CSF ANALYSIS and/or EEG/ CT Scan Brain/ MRI Brain: Yes/No (Upload reports)

For Eligibility for Febrile Seizures (Atypical- Mechanical Ventilated) the answer to question 4 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: _____

58). Intra Cranial Bleed: M6S4.5

1. Name of the Procedure: Intra Cranial Bleed
2. Indication: Intra Cranial Bleed
3. Does the patient presented with severe headache, convulsions, progressive altered sensorium, petechial rash or easy bruising: Yes/No
4. If the answer to question 3 is Yes then is there evidence of Intra Cranial Bleed documented through CT Scan Brain: Yes/No (Upload report)
5. If the answer to question 4 is Yes then are the following tests being done – CBC, PT/PTTK: Yes/No (Upload reports)

For Eligibility for Intra Cranial Bleed the answer to question 5 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: _____

**59). Acute Gastro Intestinal Bleed Inv - ABG/Upper GI Endoscopy, USG Abdomen 10 Days
PICU Stay With Post Treatment Evidence For Clinical Improvement With Lab Investigations:
M6S5.1**

1. Name of the Procedure: Acute Gastro Intestinal Bleed Inv - ABG/Upper GI Endoscopy, USG Abdomen 10 Days PICU Stay With Post Treatment Evidence For Clinical Improvement With Lab Investigations
2. Indication: Acute Gastro Intestinal Bleed
3. Does the patient presented with hematemesis/ hematochesia/ malena, drowsy: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done – CBC, PT/INR, Upper GI Endoscopy, USG Abdomen and Doppler, LFT: Yes/No (Upload reports)

For Eligibility for Acute Gastro Intestinal Bleed Inv - ABG/Upper GI Endoscopy, USG Abdomen 10 Days PICU Stay with Post Treatment Evidence for Clinical Improvement With Lab Investigations the answer to question 4 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: _____

60). Acute Pancreatitis - 10 Days PICU Stay: M6S5.2

1. Name of the Procedure: Acute Pancreatitis - 10 Days PICU Stay
2. Indication: Acute Pancreatitis
3. Does the patient presented with pain in abdomen radiating to back, vomiting: Yes/No
4. If the answer to question 3 is Yes then is there evidence of pancreatitis on CT Scan/ USG Abdomen & deranged Serum Amylase, Lipase, CBC, RBS: Yes/No (Upload reports)

For Eligibility for Acute Pancreatitis - 10 Days PICU Stay the answer to question 4 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: _____

61). Acute Hepatitis With Hepatic Encephalopathy – 10 Days PICU Stay: M6S5.3

1. Name of the Procedure: Acute Hepatitis With Hepatic Encephalopathy – 10 Days PICU Stay
2. Indication: Acute Hepatitis With Hepatic Encephalopathy
3. Does the patient presented with jaundice, pain in abdomen, vomiting, altered sensorium, abdominal distension, edema feet: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done – CBC, Blood Sugar, USG Abdomen, Serial ABG, Hepatic Viral Studies (Hepatitis B, Hepatitis C, Hepatitis A, LFT, S. Ammonia): Yes/No (Upload reports)

For Eligibility for Acute Hepatitis with Hepatic Encephalopathy – 10 Days PICU Stay the answer to question 4 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: _____

62). Acute Renal Failure With Dialysis - 10 Days PICU Stay: M6S6.1

1. Name of the Procedure: Acute Renal Failure With Dialysis - 10 Days PICU Stay
2. Indication: Acute Renal Failure With Dialysis
3. Does the patient presented with decreased or absent urine output, generalized edema:
Yes/No
4. If the answer to question 3 is Yes then is there evidence of acute renal failure documented through raised Urea & Serum Creatinine Levels: Yes/No (Upload reports)
5. If the answer to question 4 is Yes then are the following supporting tests being done—
CBC, Blood Urea cum Serum Creatinine, X- ray Chest, USG Abdomen, ABG, S.Electrolytes: Yes/No (Upload reports)

For Eligibility for Acute Renal Failure with Dialysis - 10 Days PICU Stay the answer to question 5 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: _____

63). Diabetic Ketoacidosis - 8 Days PICU Stay: M6S7.1

1. Name of the Procedure: Diabetic Ketoacidosis - 8 Days PICU Stay
2. Indication: Diabetic Ketoacidosis
3. Does the patient presented with vomiting, abdominal pain, altered sensorium: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done – CBC, Blood Sugar 4 hrly, Serum Electrolytes, ABG, Urine ketones: Yes/No (Upload reports)

For Eligibility for Diabetic Ketoacidosis - 8 Days PICU Stay the answer to question 4 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: _____

64). Septic Shock- 10 Days PICU Stay: M6S8.1

1. Name of the Procedure: Septic Shock- 10 Days PICU Stay
2. Indication: Septic Shock
3. Does the patient presented with fever, altered sensorium or drowsy: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done – CBC, Blood Culture, X- ray Chest, USG abdomen, ABG, ECG, Blood Sugar: Yes/No (Upload reports)

For Eligibility for Septic Shock- 10 Days PICU Stay the answer to question 4 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: _____

65). Snake Bite Requiring Ventilatory Assistance With 10 Days PICU Stay: M6S9.1

1. Name of the Procedure: Snake Bite Requiring Ventilatory Assistance With 10 Days PICU Stay
2. Indication: Snake Bite
3. Does the patient presented with snake bite with local soft tissue swelling, necrosis, altered sensorium or drowsy, bleeding manifestation: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done – CBC, Blood Sugar, Serial ABG, S. Electrolytes, Renal Function Test, CPK, PT, PTTK: Yes/No (Upload reports)

For Eligibility for Snake Bite Requiring Ventilatory Assistance with 10 Days PICU Stay the answer to question 4 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: _____

**66). Scorpion Sting With Myocarditis And Cardiogenic Shock Requiring Ventilatory Assistance
10 Days ICU Stay: M6S9.2**

1. Name of the Procedure: Scorpion Sting With Myocarditis And Cardiogenic Shock Requiring Ventilatory Assistance 10 Days ICU Stay
2. Indication: Scorpion Sting With Myocarditis And Cardiogenic Shock
3. Does the patient presented with scorpion sting with local soft tissue swelling, pain, tingling sensation, altered sensorium: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done – S.Electrolytes, Renal Function Test, Serial ABG, 2 D echo, ECG, Blood Sugar 4 hrly: Yes/No (Upload reports)

For Eligibility for Snake Bite Requiring Ventilatory Assistance With 10 Days PICU Stay the answer to question 4 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: _____

67). Poison ingestion/ Aspiration requiring ventilator assistance – 7 days PICU stay: M6S9.3

1. Name of the Procedure: Poison ingestion/ Aspiration requiring ventilator assistance – 7 days PICU stay
2. Does the patient have Acute respiratory distress and/or other system failure due to ingestion/ aspiration/ inhalation of any poison: Yes/No
3. If the answer to questions 2 is Yes then is the patient having evidence of
 - a. Low SaO₂ < 90% demonstrated on Pulse Oxymetry: Yes/No (Upload Pulse Oxymetry Report)
 - b. ABG done: Yes/No (Upload reports)

For eligibility for Poison ingestion / Aspiration requiring ventilator assistance, the answer to questions 3a AND 3b must be Yes

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

Treating Doctor Signature with Stamp
