

NAME OF THE HOSPITAL: _____

PATIENT NAME: _____

1. Open Reduction and Internal Fixation of Long Bone Fracture: S14O1.1

1. Name of the Procedure: Open Reduction And Internal Fixation Of Long Bone Fractures
2. Indication: Long Bone Fracture
3. Does the patient have
 - a. Pain: Yes/No
AND
 - b. Crepitus: Yes/No
AND
 - c. Swelling: Yes/No
AND
 - d. Deformity: Yes/No
4. If the answer to all the questions 3a AND 3b AND 3c AND 3d is Yes then is the patient having:
 - a. Evidence of fracture on X ray (Upload X-Ray film)
AND/OR
 - b. Evidence of comminuted/ intra-articular fracture on CT-Scan: Yes/No (Upload CT Scan film)

For Eligibility for Open Reduction and Internal Fixation of Long Bone Fractures the answer to either question 4a AND/OR question 4b 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: _____

2. Amputation Surgery: S14O1.2

1. Name of the Procedure: Amputation Surgery
2. Indication: Mangled Extremity due to trauma
3. Does the patient have evidence of mangled extremity: Yes/No (Upload Photograph)
4. If the answer to question 3 is Yes then is the patient having:
 - a. Evidence of injury on X ray (Upload X-Ray film)
AND
 - b. Evidence of vessel injury on Colour Doppler: Yes/No (Upload Colour Doppler report)
AND
 - c. Evidence of nerve damage on EMG-Nerve conduction study: Yes/No (Upload EMG-Nerve conduction study report)

For Eligibility for Amputation Surgery the answer to question 4a AND 4b AND 4c should be Yes

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NAME OF THE HOSPITAL: _____

PATIENT NAME: _____

3. Soft Tissue Injury: Soft tissue injury without bony injuries to extremities: S14O1.3

1. Name of the Procedure: **Soft Tissue Injury**
 - **Suturing if no tissue loss**
 - **Flap grafting if tissue loss**
 - **Debridement and Suturing if no tissue loss**
 - **Debridement flap grafting if tissue loss**
2. Indication: Soft tissue injury without bony injuries to extremities
3. Does the patient have contaminated injury: Yes/No
4. Is there any evidence of tissue loss at the injury site: Yes/No
5. Is there any evidence of bone injury on X-Ray: Yes/No (Upload X-Ray)

For eligibility for **Suturing if no tissue loss** the answer to question 3, 4 AND question 5 must be No

For eligibility for **Flap grafting if tissue loss** the answer to question 4 should be Yes AND answer to questions 3, 5 should be No

For eligibility for **Debridement and Suturing if no tissue loss** the answer to question 3 must be Yes and answer to question 4,5 must be No

For eligibility for **Debridement flap grafting if tissue loss** the answer to question 3,4 must be Yes and answer to question 5 must be No

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NAME OF THE HOSPITAL: _____

PATIENT NAME: _____

4. Orthopedic trauma wound management for Compound fracture: Grade 1 and Grade 2 compound fracture: S14O10.1

1. Name of the Procedure: Orthopedic trauma wound management for Compound Fracture:
- Wound closure with definitive bony fixation
- Wound debridement and External fixator (Delayed definitive bony fixation along with plastic surgery)

2. Indication: Grade 1 and Grade 2 compound fracture

3. Does the patient have evidence of Grade 1 and Grade 2 Compound fracture on X-Ray: Yes/No
(Upload X-Ray film)

4. If the answer to question 3 is Yes then

a. Is there evidence of wound contamination: Yes/No

b. Is there any evidence of vascular injury: Yes/No (Upload Colour Doppler Report)

For eligibility for Wound closure with definitive bony fixation the answer to question 4a and question 4b must be No

For eligibility for Wound Debridement and external fixator the answer to question 4a must be Yes and question 4b must be No

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NAME OF THE HOSPITAL: _____

PATIENT NAME: _____

5. Orthopedic trauma wound management for Compound fracture: Grade 3 compound fracture: S14O11.1

1. Name of the Procedure: Orthopedic trauma wound management for Compound Fracture:

- Vessel Repair
- Amputation

2. Indication: Grade 3 compound fracture

3. Does the patient have signs and symptoms suggestive of Grade 3 wound: Yes/No (Upload photograph)

4. If the answer to question 3 is Yes then

a. Is there evidence of fracture on X-Ray: Yes/No (Upload X-ray film)

AND

b. Is there any evidence of vascular injury: Yes/No (Upload Colour Doppler Report)

5. If the answer to both question 4a AND 4b is yes then is there evidence of Delayed Presentation / Non-repairable injury / Failed repair: Yes/No

For eligibility for Vessel Repair the answer to question 5 must be No

For eligibility for Amputation the answer to question 5 must be Yes

If the patient undergoes vessel repair then, further treatment should be continued as per flow chart for Grade 1 and Grade 2 compound fracture.

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NAME OF THE HOSPITAL: _____

PATIENT NAME: _____

6. Orthopedic trauma wound management for Compound fracture: Flap cover surgery for wound in Compound fracture: S14O11.2

1. Name of the Procedure: Orthopedic trauma wound management for Compound Fracture:

- Local rotation/transpositional flaps
- Free Vascular flaps

2. Indication: Grade 2 and Grade 3 compound fracture

3. Does the patient have Grade 2 and Grade 3 compound fracture: Yes/No (Upload photograph)

4. If the answer to question 3 is Yes then

a. Is there evidence of fracture on X-Ray: Yes/No (Upload X-ray film)

AND

b. Is there any evidence of vascular injury: Yes/No (Upload Colour Doppler Report)

5. If the answer to both question 4a AND 4b is yes then is there availability of local tissue after debridement and application of external fixator: Yes/No

For eligibility for local rotation/ transpositional flap the answer to question 5 must be Yes

For eligibility for Free Vascular flap the answer to question 5 must be No

If the patient undergoes vessel repair then, further treatment should be continued as per flow chart for Grade 1 and Grade 2 compound fracture.

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NAME OF THE HOSPITAL: _____

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7. Surgery for Patella Fracture (To Be Covered With Other Injuries Only and Not As Exclusive Procedure): S14O11.3

1. Name of the Procedure: Surgery for fracture patella not as exclusive procedure: Open Reduction and tbw encirclage wiring
2. Indication: Associate patellar fracture
3. Does the patient have
 - a. Pain: Yes/No
AND
 - b. Swelling: Yes/No
AND
 - c. Restricted Movement: Yes/No
4. If the answer to all the questions 3a AND 3b AND 3c AND 3d is Yes then is the patient having evidence of displaced fracture on X ray: Yes/No (Upload X-Ray film)

For eligibility for Surgery for fracture patella not as an exclusive procedure the answer to question 4 should be Yes

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NAME OF THE HOSPITAL: _____

PATIENT NAME: _____

8. Small Bone Fractures K-Wiring (To Be Covered With Other Injuries Only and Not As Exclusive Procedure): S14O11.4

1. Name of the Procedure: Small bone fracture k wiring not as exclusive procedure: Closed K-wiring/ Open reduction and wiring
2. Indication: Small bone fracture with major bony injury
3. Does the patient have
 - a. Pain: Yes/No
AND
 - b. Swelling: Yes/No
AND
 - c. Deformity: Yes/No
4. If the answer to all the questions 3a AND 3b AND 3c AND 3d is Yes then is the patient having evidence of displaced fracture on X ray: Yes/No (Upload X-Ray film)

For eligibility for Small bone fracture k wiring not as exclusive procedure the answer to question 4 should be Yes

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NAME OF THE HOSPITAL: _____

PATIENT NAME: _____

9). Facial Bone Fractures (Faciomaxillary Injuries): S14O11.5

1. Name of the Procedure: Facial Bone Fractures (Faciomaxillary Injuries)
2. Indication: Difficulty in movements/ Loss of functions includes facial & nasal bone fractures
3. Does the patient presented with severe pain, swelling of face, loss of function, changes in the shape of facial structure, difficulty in movements of mouth and/or changes in nose structure: Yes/No
4. If the answer to question 3 is Yes then is there evidence of fracture on X ray, CT face: Yes/No (Upload reports)

For Eligibility for Facial Bone Fractures (Faciomaxillary Injuries) the answer to question 4 must be Yes

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NAME OF THE HOSPITAL: _____

PATIENT NAME: _____

10). Surgical Correction Of Pelvic Bone Fractures: S14O11.6

1. Name of the Procedure: Surgical Correction Of Pelvic Bone Fractures
2. Indication: Pelvic Bone Fractures
3. Does the patient presented with severe pain, restricted & painful movements of one or both legs: Yes/No
4. If the answer to question 3 is Yes then is there evidence of fracture on X ray pelvis, CT pelvis: Yes/No (Upload reports)

For Eligibility for Surgical Correction Of Pelvic Bone Fractures the answer to question 4 must be Yes

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NAME OF THE HOSPITAL: _____

PATIENT NAME: _____

**11). Neurosurgical Trauma Conservative Management Stay In General Ward @Rs.500/ Day:
S1402.1**

1. Name of the Procedure: Neurosurgical Trauma Conservative Management Stay In General Ward
2. Indication: H/o head injury but conscious & obeying commands
3. Does the patient presented with headache/ vomiting/ giddiness/ generalized tonic clonic convulsion/ focal convulsion/ hemiparesis: Yes/No
4. If the answer to question 3 is Yes then is there evidence of trauma on X ray, CT scan, relevant hematological investigations: Yes/No (Upload reports)

For Eligibility for Neurosurgical Trauma Conservative Management Stay In General Ward the answer to question 4 must be Yes

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NAME OF THE HOSPITAL: _____

PATIENT NAME: _____

**12). Neurosurgical Trauma Conservative Management Stay In Neuro ICU@Rs.4000/Day:
S1402.2**

1. Name of the Procedure: Neurosurgical Trauma Conservative Management Stay In Neuro ICU
2. Indication: H/o head injury, drowsy, altered sensorium, seizures
3. Does the patient presented with drowsy/ altered sensorium/ not obeying/ convulsion/ severe headache/ pupils unequal/ hemiparesis/ quadraparesis: Yes/No
4. If the answer to question 3 is Yes then is there evidence of trauma on X ray, CT scan, relevant hematological investigations: Yes/No (Upload reports)

For Eligibility for Neurosurgical Trauma Conservative Management Stay In Neuro ICU the answer to question 4 must be Yes

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Treating Doctor Signature with Stamp

NAME OF THE HOSPITAL: _____

PATIENT NAME: _____

13). Neurosurgical Trauma Surgical Treatment (Up To): S14O3.1

1. Name of the Procedure: Neurosurgical Trauma Surgical Treatment
2. Indication: H/o head injury, CT brain suggestive of subdural hematoma/ Epidural hematoma/ Contusion with mass effect/ Cerebral edema/ Subarachnoid haemorrhage/ Intracerebral haemorrhage with mass effect
3. Does the patient presented with headache/ giddiness/ convulsion/ hemiparesis/ vomiting/ altered sensorium/ unconsciousness/ dilated pupil: Yes/No
4. If the answer to question 3 is Yes then is there evidence of trauma on X ray, CT scan, relevant hematological investigations: Yes/No (Upload reports)
5. If the answer to question 4 is Yes then is there evidence of deep coma or vegetative state: Yes/No

For Eligibility for Neurosurgical Trauma Surgical Treatment the answer to question 5 must be No

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Treating Doctor Signature with Stamp

NAME OF THE HOSPITAL: _____

PATIENT NAME: _____

14). Chest Injuries Conservative Stay In General Ward @Rs.500/Day: S14O4.1

1. Name of the Procedure: Chest Injuries Conservative Stay In General Ward
2. Indication: Undisplaced rib fracture/ Blunt trauma
3. Does the patient presented with severe pain in chest, mild breathlessness, difficulty in movements of chest: Yes/No
4. If the answer to question 3 is Yes then is there evidence of injuries on X ray chest, CT scan chest, relevant hematological investigations: Yes/No (Upload reports)

For Eligibility for Chest Injuries Conservative Stay In General Ward the answer to question 4 must be Yes

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Treating Doctor Signature with Stamp

NAME OF THE HOSPITAL: _____

PATIENT NAME: _____

15). Chest Injuries Stay In Respiratory ICU/ICCU@Rs.4000/Day: \$1404.2

1. Name of the Procedure: Chest Injuries Stay In Respiratory ICU/ICCU
2. Indication: Severe breathlessness on ventilatory support
3. Does the patient presented with chest pain, severe breathlessness, dyspnea, respiratory distress: Yes/No
4. If the answer to question 3 is Yes then is there evidence of injuries on X ray chest, CT scan chest, relevant hematological investigations: Yes/No (Upload reports)

For Eligibility for Chest Injuries Stay In Respiratory ICU/ICCU the answer to question 4 must be Yes

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NAME OF THE HOSPITAL: _____

PATIENT NAME: _____

16). Polytrauma Chest Surgical Treatment: S1405.1

1. Name of the Procedure: Polytrauma Chest Surgical Treatment
2. Indication: Hemothorax/ Pneumothorax/ Lung contusions/ Penetrating wounds/ Injury to ribs, heart or lungs/ Lung herniation/ Traumatic diaphragmatic rupture/ Sternal fracture/ Mediastinal leakage/ Pericardial rupture
3. Does the patient presented with chest pain, difficulty in breathing, breathlessness, bleeding: Yes/No
4. If the answer to question 3 is Yes then is there evidence of injuries on X ray chest, CT scan chest, relevant hematological investigations: Yes/No (Upload reports)

For Eligibility for Polytrauma Chest Surgical Treatment the answer to question 4 must be Yes

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NAME OF THE HOSPITAL: _____

PATIENT NAME: _____

17). Abdominal Injuries Conservative Stay In General Ward @Rs.500/Day: S1406.1

1. Name of the Procedure: Abdominal Injuries Conservative Stay In General Ward
2. Indication: Haemetemesis/ Liver Spleen Injury/ Internal haemorrhage in abdomen/
peritoneal haemorrhage/ Intestinal tear or rupture
3. Does the patient presented with abdominal pain & discomfort, vomiting, nausea:
Yes/No
4. If the answer to question 3 is Yes then is there evidence of injuries on USG abdomen, CT
abdomen, relevant hematological investigations: Yes/No (Upload reports)

For Eligibility for Abdominal Injuries Conservative Stay In General Ward the answer to question 4 must be Yes

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NAME OF THE HOSPITAL: _____

PATIENT NAME: _____

18). Abdominal Injuries Stay In Surgical ICU@Rs.1000/Day: S14O6.2

1. Name of the Procedure: Abdominal Injuries Stay In Surgical ICU
2. Indication: Severe abdominal pain/ Severe blood loss/ Severe sepsis/ Liver rupture/ Splenic tear
3. Does the patient presented with severe abdominal pain, vomiting, severe blood loss, pallor: Yes/No
4. If the answer to question 3 is Yes then is there evidence of injuries on USG abdomen, CT abdomen, relevant hematological investigations: Yes/No (Upload reports)

For Eligibility for Abdominal Injuries Stay In Surgical ICU the answer to question 4 must be Yes

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Treating Doctor Signature with Stamp

NAME OF THE HOSPITAL: _____

PATIENT NAME: _____

19). Abdominal Injuries Surgical Treatment: S1407.1

1. Name of the Procedure: Abdominal Injuries Surgical Treatment
2. Indication: Abdominal blunt trauma/ Penetrating wound/ Damage to major organs like liver, spleen, G.I tract, kidney, pancreas, etc/ Hemoperitoneum/ Blood loss/ Sudden decreased Hb
3. Does the patient presented with abdominal pain, tenderness, rigidity, bruising, severe blood loss, pallor: Yes/No
4. If the answer to question 3 is Yes then is there evidence of injuries on USG abdomen, CT abdomen, relevant hematological investigations: Yes/No (Upload reports)

For Eligibility for Abdominal Injuries Surgical Treatment the answer to question 4 must be Yes

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NAME OF THE HOSPITAL: _____

PATIENT NAME: _____

20). Tracheostomy: S1408.1

1. Name of the Procedure: Tracheostomy
2. Indication: Respiratory distress in case of facial trauma/ nasal trauma/ neck trauma/ chest trauma
3. Does the patient presented with breathlessness, bleeding from oral cavity, dyspnoea: Yes/No
4. If the answer to question 3 is Yes then is there evidence of trauma in clinical photograph: Yes/No (Upload clinical photograph)

For Eligibility for Tracheostomy 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: _____

PATIENT NAME: _____

21). Thoracostomy: S1408.2

1. Name of the Procedure: Thoracostomy
2. Indication: Pneumothorax/ Haemothorax/ Pyothorax
3. Does the patient presented with breathlessness, difficulty in respiration: Yes/No
4. If the answer to question 3 is Yes then is there evidence of pneumothorax on X ray chest, CT scan chest, relevant hematological investigations: Yes/No (Upload reports)
5. If the answer to question 4 is Yes then is there evidence of coagulopathies: Yes/No

For Eligibility for Thoracostomy the answer to question 5 must be No

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

Treating Doctor Signature with Stamp
