

Republic of the Philippines PHILIPPINE HEALTH INSURANCE CORPORATION

Citystate Centre, 709 Shaw Boulevard, Pasig City Call Center (02) 441-7442 Trunkline (02) 441-7444 www.philhealth.gov.ph



Case	No.		

Ani	nex "C1 – VSD"
HEALTH CARE INSTITUTION (HCI)	
ADDRESS OF HCI	
PATIENT (Last name, First name, Middle name, Suffix)	
1111112 (1 (Liabt liame, 1 libt liame, 1 liate liame, 6 arm)	
PHILHEALTH ID NUMBER OF PATIENT	
MEMBER (if patient is a dependent) (Last name, First name, Middle name, Suff	ix)
PHILHEALTH ID NUMBER OF MEMBER	

VENTRICULAR SEPTAL DEFECT CHECKLIST OF MANDATORY and OTHER SERVICES

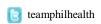
Tranche 1

Place a (✓) in the status column if DONE or GIVEN

MANDATORY SERVICES	Status		
1. Preoperative laboratory:	A 7/		
a. CBC with platelet with blood typing	1		
b. Chest x-ray (AP-L)			
c. Na, K, Cl, Ca			
d. Creatinine			
e. Protime			
f. Partial thromboplastin time			
2. Pre-operative infective endocarditis (IE) prophylaxis			
a. cefuroxime or other antibiotics as recommended by the health care institution's Infection Control Committee; AND			
b. aminoglycoside (ex. amikacin)			
3. Procedure done (D3): VSD Patch Closure			
. Intra-operative medicines			
a. Anesthetic medicines: (any of the following)			
• sevoflorane			
• fentanyl			
midazolam			
• atropine			
• ketamine			
• esmeron			

Revised as of October 2015

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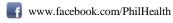
Place a (\checkmark) in the status column if DONE or GIVEN

	MANDATORY SERVICES	Status
	b. dexamethasone	
	c. calcium gluconate	
	d. sodium bicarbonate	
	e. potassium chloride	
	f. magnesium sulfate	
	g. heparin	
	h. protamine sulphate	
	i. inotropes: (any of the following)	
	dopamine	
	dobutamine	
	nitroglycerine	
	• milrinone	
	epinephrine	
5.	Intraoperative transesophageal echo or transthoracic echo within 72 hours postop (Attach results in the patient's chart)	
6.	Blood transfusion support (if applicable)	
·-	Fresh whole blood (FWB)	
	Packed red blood cells (pRBC)	/ /
	 Fresh frozen plasma (FFP) 	
7.	Ventilatory support at least 6 hours	American I
8.	Postoperative Laboratory:	
0.	8.1 1 st 6 Hours postop	
	CBC with platelet	//
	Chest x-ray (portable)	
	• PT	
	• PTPA	
	• Na, K, Ca	
	ABG 8.2 Postop 5th-7th day (Pre-discharge)	
	, , , , , , , , , , , , , , , , , , , ,	1
	• CBC	
9.	Chest x-ray (PAL) Postoperative medications	
٦.	a. inotropes: (any of the following)	
		1
	• dopamine	
	• dobutamine	
	nitroglycerine drip	
	• milrinone	
	• epinephrine	
	b. calcium gluconate	
	c. tramadol OR ketorolac (as indicated)	



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MANDATORY SERVICES	Status		
d. sedatives			
 midazolam OR 			
 propofol 			
e. others (if indicated)			
 antibiotics (based on hospital anti 	biogram)		
 H2 blocker 			
 oral digoxin 			
 oral furosemide 			
oral captopril			
oral paracetamol or ibuprofen			
Certified correct by:	Certified correct by:		
(Printed name and signature)	(Printed name and signature)		
Pediatric TCV Surgeon	CV Anesthesiologist		
PhilHealth Accreditation No.	PhilHealth Accreditation No.		
Date signed (mm/dd/yyyy)	Date signed (mm/dd/yyyy)		
	A 11		
Certified correct by:	Certified correct by:		
Germica correct by.	Gerunea correct by.		
(Printed name and signature)	(Printed name and signature)		
Attending Physician	Executive Director/Chief of Hospital/		
PhilHealth	Medical Director/ Medical Center Chief		
Accreditation No.	Accreditation No.		
Date signed (mm/dd/yyyy)	Date signed (mm/dd/yyyy)		
Documents received by:	Conforme by:		
(Printed name and signature)	(Printed name and signature)		
7. Benefits Coordinator	Parent/Guardian		

Date signed (mm/dd/yyyy)





Date signed (mm/dd/yyyy)