Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
Citystate Centre Building, 709 Shaw Boulevard, Pasig City
Healthline 441-7444 www.philhealth.gov.ph

Date _____Date Admitted : _____

Name of Hospital _____ Date Discharged: _____

Name of Patient _____

PhilHealth ID Number _____

TETRALOGY OF FALLOT – ELECTIVE TOF REPAIR
CHECKLIST OF MANDATORY and OTHER SERVICES

TRANCHE I
(Place a ✓ and indicate status or date done or given)

SERVICES FIRST TRANCHE	Check and Indicate Date Done/ Given	Attested by: (Name & Signature of Attending Physician)
1. Preoprative Laboratory a. CBC with platelet with Blood typing b. Chest X-ray c. Na, K, Cl, Ca d. Creatinine e. Protime f. Partial Thromboplastin Time	☐ A._____ ☐ B._____ ☐ C._____ ☐ D. _____ ☐ E _____ ☐ F. _____	
2. Preoperative IE Prophylaxis: a. Vancomycin b. Amikacin	☐ _____ ☐ _____	
3. Procedure done (D3) Repair of Tetralogy of Fallot-VSD Patch Closure With RVOT Patch Or with Infundibulectomy	RVS code: _____ Date of Procedure :	Pedia TCV Surgeon : _____ CV Anesthesiologist : _____ Pedia Cardiologist : _____

4. Anaesthesia (Check or NA if not applicable) a. Sevoflorane b. Fentanyl c. Midazolam d. Atropine e. Ketamine f. Esmeron g. Dexamethasone h. Calcium gluconate i. Sodium bicarbonate j. Potassium Chloride k. Magnesium Sulfate l. Heparin m. Protamine sulphate n. Dopamine o. Dobutamine p. Nitroglycerine q. Milrinone	Check if applicable and place Status/date or indicate NA ☐ A. _____ ☐ B._____ ☐ C._____ ☐ D._____ ☐ E._____ ☐ F._____ ☐ G._____ ☐ H._____ ☐ I._____ ☐ J._____ ☐ K._____ ☐ L._____ ☐ M._____ ☐ N._____ ☐ O._____ ☐ P_____ ☐ Q. _____	CV Anesthesiologist : _____
5. Intraoperative Transesophageal Echo or Transthoracic echo within 48 hours postop (Attach Result)	☐ _____	
6. Blood Transfusion Support (if applicable) ☐ FWB ☐ PRBC ☐ FFP	☐ _____	
7. Ventilatory support at least 6 hours	☐ _____	
8. Postoperative Laboratory: 8.1. 1st 6 Hours postop a. CBC with platelet b. Chest Xray (portable) c. PT d. PTPA e. Na, K, Ca f. ABG's 8.2. Postop 5th-7th day (Pre-discharge): a. CBC b. Chest Xray (PAL)	☐ A._____ ☐ B. _____ ☐ C. _____ ☐ D. _____ ☐ E. _____ ☐ F._____ ☐ A. _____ ☐ B. _____	

9. Postoperative Medications a. Dopamine b. Dobutamine c. Nitroglycerine drip d. Milrinone e. Calcium Gluconate f. Tramadol g. Midazolam (sedation) h. Ranitidine i. Oral Digoxin j. Oral Furosemide k. Oral Captopril l. Oral Paracetamol or Ibuprofen m. Oral Antibiotics _____	Check if applicable and place Status/date or NA ☐ A._____ ☐ B. _____ ☐ C. _____ ☐ D. _____ ☐ E. _____ ☐ F. _____ ☐ G. _____ ☐ H. _____ ☐ I. _____ ☐ J. _____ ☐ K. _____ ☐ L. _____ ☐ M._____	

CONFORME:

_____ Relation to Patient : _____
Parent/Legal Guardian of Patient
Printed Name and Signature

Documents Reviewed by:

_____
Printed Name & Signature
PHILHEALTH Z MANAGER

Attested by:

_____ _____
Name and Signature of Attending Physician Name and Signature of Executive Director/ Medical Center Chief