



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. _____

Annex "C1 – CABG"

HEALTH CARE INSTITUTION (HCI)
ADDRESS OF HCI
PATIENT (Last name, First name, Middle name, Suffix)
PHILHEALTH ID NUMBER OF PATIENT <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>
MEMBER (if patient is a dependent) (Last name, First name, Middle name, Suffix)
PHILHEALTH ID NUMBER OF MEMBER <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>

CHECKLIST OF MANDATORY and OTHER SERVICES
Standard Risk Elective Coronary Artery Bypass Graft Surgery (CABG)

Tranche 1

Place a ✓ in the status column if DONE or GIVEN.

MANDATORY SERVICES	Status
I. Preoperative laboratory tests such as :	
a. CBC	
b. Platelet count	
c. Blood typing	
d. Na	
e. K	
f. Mg	
g. Calcium	
h. FBS	
i. BUN	
j. Creatinine	
k. Chest X-ray (PA/lateral)	
l. 12-lead ECG	
m. Room air arterial blood gas	
n. Protime-INR	
o. Plasma thromboplastin time	
II. Medications (if no contraindications)	
a. Beta blocker OR calcium antagonist	
b. Statin	
c. Ace inhibitor OR ARB	
d. Aspirin OR anti-platelet	
e. Preoperative antibiotic prophylaxis	

Place a ✓ in the status column if DONE or GIVEN.

MANDATORY SERVICES	Status
III. Blood bank screening and blood products as indicated	
IV. Open heart surgery under general anesthesia	
V. Immediate postoperative care at surgical ICU	
VI. Continuing postoperative care at regular room	
VII. Cardiac rehabilitation	

Place a ✓ in the status column if DONE or GIVEN, or NA if not applicable.

OTHER SERVICES	Status
1. Additional laboratory tests as needed	
2. Postoperative antibiotics (IV and oral), if indicated	
3. Treatments, as indicated	
a. Incentive spirometry	
b. VTE Prophylaxis	
c. Nebulization with medications such as beta agonist + steroid or salbutamol/pulmonary physiotherapy	
d. Blood glucose monitoring	
e. Wound dressings/wound care	
f. Renal replacement therapy	
4. Other medications, as indicated	
5. Pulmonary care, as indicated, such as ventilator support; nebulization, with beta 2 agonist/ combination with steroid	
6. Other specialty services as needed, such as pulmonology, nephrology, neurology, infectious disease, etc.	

Certified correct by:										Certified correct by:									
(Printed name and signature) Attending Cardiologist										(Printed name and signature) Attending Cardiovascular Surgeon									
PhilHealth Accreditation No.										PhilHealth Accreditation No.									
Date signed (mm/dd/yyyy)										Date signed (mm/dd/yyyy)									

Certified correct by:										Certified correct by:									
(Printed name and signature) Anesthesiologist										(Printed name and signature) Authorized Blood Bank Staff									
PhilHealth Accreditation No.										PRC License No.									
Date signed (mm/dd/yyyy)										Date signed (mm/dd/yyyy)									

Certified correct by:		Conforme by:	
(Printed name and signature) Authorized Cardiac Rehabilitation Staff		(Printed name and signature) Patient	
PRC License No.			
Date signed (mm/dd/yyyy)		Date signed (mm/dd/yyyy)	

