**Annexure- CM - CCM**

**Spectrum of Diagnosis in the Specialty of Critical Care Medicine:** Spectrum of diagnosis available in the department in last 3 years

|  |  |  |  |
| --- | --- | --- | --- |
| **Spectrum of Clinical Diagnosis (Indicative Spectrum of Diagnosis is listed below)** | **Year wise no. of Clinical / Surgical Procedures** | | |
| **2019** | **2018** | **2017** |
| Post Surgery |  |  |  |
| Post Trauma |  |  |  |
| Poisioning |  |  |  |
| Renal |  |  |  |
| Metabolic |  |  |  |
| Gastrointestinal |  |  |  |
| Respiratory |  |  |  |
| Sepsis |  |  |  |
| Neurological |  |  |  |
| Cardiac |  |  |  |
| Obstetrics & Gynaecology |  |  |  |
| Others |  |  |  |

**Date:**

|  |  |
| --- | --- |
|  |  |
| **Signatures of Head of the Department**  **with stamp** | **Signature with official stamp of Administrative Head of the Institute/Hospital**  (Authorized signatory on behalf of applicant hospital) |