

**WEB ANNEXURE I**

**Pediatric Appropriateness Evaluation Protocol: India  
Newborn (<28 days)**

**Patient name:** ..... **Sex:** ..... **Age:** .....

**Hospital:** ..... **Hospital ID:** .....

**Diagnosis:** .....  
.....

**Review of Clinical Records**

Medical History	<input type="checkbox"/> Complete	<input type="checkbox"/> Partial	<input type="checkbox"/> Absent
Clinical Examination	<input type="checkbox"/> Complete	<input type="checkbox"/> Partial	<input type="checkbox"/> Absent
Investigations	<input type="checkbox"/> Complete	<input type="checkbox"/> Partial	<input type="checkbox"/> Absent
Clinical Diary/ Progress Record	<input type="checkbox"/> Complete	<input type="checkbox"/> Partial	<input type="checkbox"/> Absent
Discharge Certificate	<input type="checkbox"/> Available		<input type="checkbox"/> Absent
Any other	<input type="checkbox"/> Available		

	<b>Admission Appropriateness Judgement</b>		
<b>Category</b>	<input type="checkbox"/> <b>Appropriate</b> (Meets desired criteria as per the PAEP)	<input type="checkbox"/> <b>Inappropriate</b> (Does not meet desired criteria as per the PAEP)	<input type="checkbox"/> <b>Not Sure</b> (Information inadequate for decision)
<b>Code number(s)*</b>			

	<b>Day of Care Appropriateness Judgement</b>		
<b>Category</b>	<input type="checkbox"/> <b>Appropriate</b> (Meets desired criteria as per the PAEP)	<input type="checkbox"/> <b>Inappropriate</b> (Does not meet desired criteria as per the PAEP)	<input type="checkbox"/> <b>Not Sure</b> (Information inadequate for decision)
<b>Code number(s)*</b>			

*\* Please write the code(s) of criteria met for categorization.*

**Instruction**

Please review the clinical documents available. Make judgement about the appropriateness for admission and/or stay in the hospital based on the available clinical features, examination, investigations and other information available in the documents in reference to the PAEP checklist.

If any of the following criteria is available/mentioned in the case documents, please check (√) in the corresponding box.

**Categorization**

- If **ANY** of the criteria in the PAEP checklist is met, then the case is to be marked as **Appropriate** for admission or day of care. Please check the appropriate box and write the code number of the criteria met.
  - For such cases, please write the **code(s)** of the PAEP criteria met. Mention all the codes met.
- If **NONE** of the criteria in the PAEP checklist given in the form is met, then the case is to be marked as **Inappropriate** for admission.
- If the available information is **NOT ADEQUATE** to make any judgement, then the case is to be marked as **Not Sure**.

**Admission Criteria (Newborn; age < 28 days)**

	Item/Criteria	Present
<b>A</b>	<b>Severity of illness criteria (any of the following present)</b>	
1	Birth weight <1500 gms OR Small for date (<3 <sup>rd</sup> centile) OR POG < 34 weeks OR birth weight >4000 gms OR Large for date (>97 <sup>th</sup> centile)	<input type="checkbox"/> Y
2	Major morbidities such as chronic lung disease, intraventricular hemorrhage, and periventricular leucomalacia	<input type="checkbox"/> Y
3	Perinatal asphyxia [Apgar <7 at 5 min, no cry by 1 min, requiring PPV for >1 min] OR Significant birth trauma [e.g. suspected subgaleal hemorrhage] OR HIE grade I or more	<input type="checkbox"/> Y
4	Seizure	<input type="checkbox"/> Y
5	Abnormal neurological examination	<input type="checkbox"/> Y
6	Shock requiring inotropic support/ vasopressor support	<input type="checkbox"/> Y
7	Respiratory distress [Respiratory Rate > 60/min] OR grunt or retractions OR head nodding OR Apnea OR Gaspig breathing OR Neonate requiring intubation and positive pressure ventilation	<input type="checkbox"/> Y
8	Central cyanosis	<input type="checkbox"/> Y
9	Hypothermia [temperature < 36 <sup>o</sup> C] OR Hyperthermia [temperature > 37.5 <sup>o</sup> C]	<input type="checkbox"/> Y
10	Severe Jaundice [jaundice appearing <24 hours OR stains palms/soles OR lasts > 2 weeks] OR Bilirubin encephalopathy	<input type="checkbox"/> Y
11	Any major Malformation requiring urgent intervention	<input type="checkbox"/> Y
12	Bleeding from any site which could lead to circulatory embarrassment if homeostasis is not achieved	<input type="checkbox"/> Y
13	Suspected or confirmed neonatal sepsis	<input type="checkbox"/> Y
14	Suspected or confirmed inborn errors of metabolism	<input type="checkbox"/> Y
<b>B</b>	<b>Severe electrolyte/acid base/CBC abnormality (any of the following present)</b>	
15	Hypoglycemia [Blood glucose < 40 mg/dL OR Plasma glucose < 45 mg/dL]	<input type="checkbox"/> Y
16	Hypocalcemia [Preterm total serum calcium <7 mg/dl (1.75 mmol/L) OR ionic serum calcium <4 mg/dl (1 mmol/L) OR Term total serum calcium <8 mg/dl (2 mmol/L) OR ionic serum calcium <4.8 mg/dl (1.2 mmol/L)]	<input type="checkbox"/> Y
17	Arterial pH ≥ 7.45 or Arterial pH ≤ 7.30 OR cord pH < 7.0	<input type="checkbox"/> Y
18	Raised plasma creatinine [plasma creatinine >1.5 mg/dL for at least 24 OR Serum creatinine raised more than 0.3 mg/dL over 48 hours]	<input type="checkbox"/> Y
19	Sepsis screen +ve (Any two present - Total leukocyte count <5000/mm <sup>3</sup> ; Absolute neutrophil count: Low counts as per Manroe chart for term and Mouzinho's chart for VLBW infants; Immature/total neutrophil >0.2; Micro-ESR >15 mm in 1st hour; CRP >1 mg/dl)	<input type="checkbox"/> Y
20	Heart rate >180/ min OR < 85/min	<input type="checkbox"/> Y
21	Respiratory rate > 60/ minute	<input type="checkbox"/> Y
22	PCV <30%	<input type="checkbox"/> Y
23	Need for a lumbar puncture	<input type="checkbox"/> Y

<b>C</b>	<b>Conditions for evaluation or care/ maternal factors (any of the following present)</b>	
25	Twins or Triplets	<input type="checkbox"/> Y
26	Refusal to feed OR Poor feeding OR Lethargy	<input type="checkbox"/> Y
27	Not gaining weight (< 20 gm/day) term baby, preterm <15gm/kg/day	<input type="checkbox"/> Y
28	Poorly controlled maternal diabetes [ <i>HbA1C</i> $\geq$ 6.5%, or maternal Blood glucose >8mmol/L or 145 mg/dL at delivery]	<input type="checkbox"/> Y
29	Rh isoimmunization	<input type="checkbox"/> Y
30	Twin-to-twin transfusion	<input type="checkbox"/> Y
31	Drug intoxication or withdrawal	<input type="checkbox"/> Y
32	Infant born to HIV positive mothers	<input type="checkbox"/> Y
<b>D</b>	<b>Special neonatal problems (any of the following present)</b>	
33	Abuse where the severity of injuries necessitates admission or an appropriate protected placement is not available	<input type="checkbox"/> Y
34	Non-compliance with a therapeutic regimen where failure to comply amounts to neglect of the newborn which puts the newborn's immediate health or security at risk	<input type="checkbox"/> Y
35	Necessitate special observation or close monitoring, including calorie intake	<input type="checkbox"/> Y
36	Referred by GP because of lack of ability to manage/cope by the care giver or absence of any alternatives/social support	<input type="checkbox"/> Y
37	Respite care where no alternative exists (e.g. abandoned newborn) or the care giver is not trained to do this at home	<input type="checkbox"/> Y
<b>E</b>	<b>Intensity of services (any of the following present)</b>	
38	Surgery or procedure scheduled within 24 hours necessitating general or regional anesthesia	<input type="checkbox"/> Y
39	Surgery or procedure scheduled within 24 hours necessitating use of equipment, facilities or procedure only available in a hospital	<input type="checkbox"/> Y
40	Treatment in an intensive care unit	<input type="checkbox"/> Y
41	Cardiac catheterization/intervention	<input type="checkbox"/> Y
42	Vital sign monitoring every 2 hours or more often (may include bedside cardiac monitor)	<input type="checkbox"/> Y
43	IV medications and/or fluid replacement (does not include tube feeding)	<input type="checkbox"/> Y
44	Intermittent nebulizer use at least every 8 hours	<input type="checkbox"/> Y

**Day of care criteria (Newborn; age < 28 days)**

	<b>Item/Criteria</b>	<b>Present</b>
<b>A</b>	<b>Medical services (any of the following present)</b>	
1	Procedure in the operating room that day, if the procedure is usually done on an inpatient basis in this situation (for that setting)	<input type="checkbox"/> Y
2	Procedure (operation) scheduled within 24 hours and which needs preoperative preparation requiring hospital facilities/ personnel in 24 hours prior to the operation	<input type="checkbox"/> Y
3	Cardiac catheterization/intervention on that day	<input type="checkbox"/> Y
4	Imaging study on that day	<input type="checkbox"/> Y
5	Invasive diagnostic/ therapeutic procedure that day including biopsy of an internal organ, bone marrow, thoracentesis, paracentesis, cysternal or ventricular tap, lumbar puncture.	<input type="checkbox"/> Y
6	Any test requiring strict dietary control for the duration of the test	<input type="checkbox"/> Y
7	Any test requiring collection of a timed sample, lasting 8 hours or more where this cannot be done at home	<input type="checkbox"/> Y
8	Documented medical monitoring by physicians at least on three separate occasions on that day	<input type="checkbox"/> Y
<b>B</b>	<b>Nursing/life support services (where/when the care provider has not been trained to do any of the following procedures at home) (any of the following present)</b>	
9	Respiratory care (oxygen, suction, airway management), any respirator use, mist tent, 4 hourly or more frequent inhalation therapy, intermittent positive pressure breathing or chest physical therapy (percussion and drainage)	<input type="checkbox"/> Y
10	Parenteral (intravenous) therapy for at least 8 hours on that day	<input type="checkbox"/> Y
11	Continuous monitoring of vital signs or at least every 30 minutes for at least 4 hours or 24 hours after such monitoring	<input type="checkbox"/> Y
12	IV medication for at least 8 hours on that day	<input type="checkbox"/> Y
13	Strict intake and output measurement and/or calorie counts on that day	<input type="checkbox"/> Y
14	Major surgical wound or drainage care (e.g. Chest tubes, other drainage tubes, Hamovacs/ surgical drains)	<input type="checkbox"/> Y
15	Traction for fractures, dislocations, congenital deformities or other orthopedic conditions	<input type="checkbox"/> Y
16	Close medical monitoring (like neurological checks) at least three times daily under doctor's orders	<input type="checkbox"/> Y
17	Respite care (interim care for ongoing treatment in chronic condition for a brief time interval) where there is no alternative system is available	<input type="checkbox"/> Y
<b>C</b>	<b>Patient condition within 24 hours of review (any of the following present)</b>	
18	Acute inability to void	<input type="checkbox"/> Y
19	Transfusion due to acute blood loss including active bleeding	<input type="checkbox"/> Y
20	Physician suspicion of child abuse or neglect, where suitable alternative placement not available	<input type="checkbox"/> Y
21	Lack of suitable care taker availability (for abandoned child)/ protected place	<input type="checkbox"/> Y
<b>D</b>	<b>Patient condition within 48 hours of review (any of the following present)</b>	
22	Hypothermia or Hyperthermia, if patient admitted for a reason other than fever	<input type="checkbox"/> Y
23	Coma; unresponsiveness for at least 1 hour	<input type="checkbox"/> Y
24	Abnormal neurological examination	<input type="checkbox"/> Y
25	Acute onset hematological disorder (e.g. Neutropenia, Anemia, thrombocytopenia)	<input type="checkbox"/> Y
26	Progressive, acute neurological difficulties	<input type="checkbox"/> Y
27	Unstable vitals in last 48 hours	<input type="checkbox"/> Y

**WEB ANNEXURE II**

**Pediatric Appropriateness Evaluation Protocol: India**  
**Child (> 28 days to 18 years)**

**Patient name:** ..... **Sex:** ..... **Age:** .....

**Hospital:** ..... **Hospital ID:** .....

**Diagnosis:** .....  
 .....

**Review of Clinical Records**

Medical History	<input type="checkbox"/> Complete	<input type="checkbox"/> Partial	<input type="checkbox"/> Absent
Clinical Examination	<input type="checkbox"/> Complete	<input type="checkbox"/> Partial	<input type="checkbox"/> Absent
Investigations	<input type="checkbox"/> Complete	<input type="checkbox"/> Partial	<input type="checkbox"/> Absent
Clinical Diary/ Progress Record	<input type="checkbox"/> Complete	<input type="checkbox"/> Partial	<input type="checkbox"/> Absent
Discharge Certificate	<input type="checkbox"/> Available		<input type="checkbox"/> Absent
Any other	<input type="checkbox"/> Available		

<b>Admission Appropriateness Judgement</b>			
<b>Category</b>	<input type="checkbox"/> <b>Appropriate</b> (Meets desired criteria as per the PAEP)	<input type="checkbox"/> <b>Inappropriate</b> (Does not meet desired criteria as per the PAEP)	<input type="checkbox"/> <b>Not Sure</b> (Information inadequate for decision)
<b>Code number(s)*</b>			

<b>Day of Care Appropriateness Judgement</b>			
<b>Category</b>	<input type="checkbox"/> <b>Appropriate</b> (Meets desired criteria as per the PAEP)	<input type="checkbox"/> <b>Inappropriate</b> (Does not meet desired criteria as per the PAEP)	<input type="checkbox"/> <b>Not Sure</b> (Information inadequate for decision)
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**Instruction**

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- If **NONE** of the criteria in the PAEP checklist given in the form is met, then the case is to be marked as **Inappropriate** for admission.
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**Admission Criteria (>28 days - 18 years)**

	<b>Item/Criteria</b>	<b>Present</b>
<b>A</b>	<b>Severity of illness criteria (any of the following present)</b>	
1	Sudden onset of unconsciousness (coma or unresponsiveness) OR disorientation OR confusional state	<input type="checkbox"/> Y
2	Acute or progressive sensory, motor, circulatory or respiratory embarrassment sufficient to incapacitate the patient (inability to move, feed, breathe, urinate, etc.)	<input type="checkbox"/> Y
3	Acute loss of sight or hearing	<input type="checkbox"/> Y
4	Acute loss of ability to move a main body part (including soft tissue injury/fracture)	<input type="checkbox"/> Y
5	Any fever for more than five days OR fever for more than 72 hours when a diagnosis has not been reached ( <i>temperature <math>\geq 38.5</math> °C orally/axillary</i> )	<input type="checkbox"/> Y
6	Active bleeding which could lead to circulatory embarrassment/failure if homeostasis is not achieved	<input type="checkbox"/> Y
7	Wound dehiscence or evisceration	<input type="checkbox"/> Y
8	Burns or electrical burns or chemical burns or inhalational injury ( <i>Burn: Partial thickness burns &gt; 10% of total body surface area (TBSA)/ Full thickness burns &gt; 2% of TBSA/Burns involving the face, hands, genitalia, perineum, or major joints/circumferential extremity burns</i> )	<input type="checkbox"/> Y
9	Ingestion/ inhalation/ exposure to poison/toxin/unintended or excess drug OR snake/scorpion bite	<input type="checkbox"/> Y
<b>B</b>	<b>Severe electrolyte/acid base/CBC abnormality (any of the following present)</b>	
10	Na $\leq 123$ mmol/L, Na $\geq 156$ mmol/L	<input type="checkbox"/> Y
11	K $\leq 2.5$ mmol/L, or K $\geq 5.6$ mmol/L	<input type="checkbox"/> Y
12	HCO <sub>3</sub> $\leq 14$ mmol/L or $\geq 36$ mmol/L (unless chronically abnormal)	<input type="checkbox"/> Y
13	Serum Calcium <7 mg/dL (1.75 mmol/L)	
14	Arterial pH $\geq 7.45$ or Arterial pH $\leq 7.30$	<input type="checkbox"/> Y
15	Urea > 8 mmol/L (48 mg/dL) or BUN > 22.4 mg/dL	<input type="checkbox"/> Y
16	Creatinine more than 1.5 mg/dL for at least 24 to 48 hrs OR Creatinine increased by >0.3 mg/dL over 48 hours	<input type="checkbox"/> Y
17	BS $\leq 54$ mg/dL (3 mmol/L) OR BS $\geq 200$ mg/dL (11 mmol/L) (associated with symptoms of weight reduction for no apparent reason, polyuria, polydipsia, ketonuria)	<input type="checkbox"/> Y
18	Hematocrit < 30 % ( <i>If is not treatable on an outpatient basis or may be due to the underlying disease</i> )	<input type="checkbox"/> Y
19	Total leukocyte count <5000/mm <sup>3</sup> and ANC <1000/mm <sup>3</sup>	<input type="checkbox"/> Y
20	Total Platelet count <50000/ mm <sup>3</sup>	<input type="checkbox"/> Y
21	Heart rate outside the following ranges (per minute): [1 month- 3 months: 110-180; 3 months- 2 years: 75-160; 2 years- 10 years: 60-140; >10 years: 60-100 per minute]	<input type="checkbox"/> Y
22	BP values outside the following ranges: [Infants (>1 month to 12 months): 80-114 mm Hg (systolic)/34-66 mm Hg (diastolic); 2 years- 6 years: 84-125 (systolic)/39-84 (diastolic); 7-11 years: 92-132 (systolic)/ 55-90 (diastolic); $\geq 12$ years: 101-147 (systolic)/ 59-97 (diastolic)]	<input type="checkbox"/> Y
23	Increased respiratory rate per minute as per following range OR Grunting OR chest indrawing OR head nodding [2 months to 12 months: RR >60/minute; >12 months to 5 years: RR >40/minute; > 5 years > 30/minute]	<input type="checkbox"/> Y
24	Need for a lumbar puncture, where this procedure is not done routinely on an outpatient basis	<input type="checkbox"/> Y

	<b>Item/Criteria</b>	<b>Present</b>
<b>C</b>	<b>Conditions not responding to outpatient management (any of the following present)</b>	
25	Seizures	<input type="checkbox"/> Y
26	Cardiac arrhythmia	<input type="checkbox"/> Y
27	Bronchial asthma or croup	<input type="checkbox"/> Y
28	Dehydration	<input type="checkbox"/> Y
29	Persistent vomiting or diarrhea which needs advance inpatient assessment	<input type="checkbox"/> Y
30	Abdominal pain which has been examined either in out-patients or by the GP and which requires advance in-patient assessment	<input type="checkbox"/> Y
31	Unbearable pain at any other site of body (other than abdominal pain)	<input type="checkbox"/> Y
32	Foreign body ingestion	<input type="checkbox"/> Y
<b>D</b>	<b>Special pediatric problems (any of the following present)</b>	
33	Child abuse where the severity of injuries necessitates admission or an appropriate protected placement is not available	<input type="checkbox"/> Y
34	Non-compliance with a therapeutic regimen where failure to comply amounts to neglect of the child which puts the child's immediate health or security at risk	<input type="checkbox"/> Y
35	Necessitate special observation or close monitoring of behavior, including caloric intake in cases of failure	<input type="checkbox"/> Y
36	Referred by GP because of lack of ability to manage/cope by the care giver or absence of any alternatives/social support	<input type="checkbox"/> Y
37	Respite care where no alternative exists (e.g. abandoned child) or the care giver is not trained to do this at home	<input type="checkbox"/> Y
<b>E</b>	<b>Intensity of services (any of the following present)</b>	
38	Surgery or procedure scheduled within 24 hours necessitating general or regional anesthesia	<input type="checkbox"/> Y
39	Surgery or procedure scheduled within 24 hours necessitating use of equipment, facilities or procedure only available in a hospital	<input type="checkbox"/> Y
40	Treatment in an intensive care unit	<input type="checkbox"/> Y
41	Vital sign monitoring every 2 hours or more often (may include bedside cardiac monitor)	<input type="checkbox"/> Y
42	IV medications and/or fluid replacement (does not include tube feeding)	<input type="checkbox"/> Y
43	Chemotherapeutic agents that require continuous observation for life-threatening toxic reaction	<input type="checkbox"/> Y
44	Intermittent nebulizer use at least every 4 hours	<input type="checkbox"/> Y

**Day of care criteria**

	<b>Item/Criteria</b>	<b>Present</b>
<b>A</b>	<b>Medical services (any of the following present)</b>	
1	Procedure in the operating room that day, if the procedure is usually done on an inpatient basis in this situation (for that setting)	<input type="checkbox"/> Y
2	Procedure scheduled in the operating room within 24 hours, (48 hours for bowel surgery) and which needs preoperative preparation requiring hospital facilities/ personnel in 24 hours (48 hours for bowel surgery) prior to the operation	<input type="checkbox"/> Y
3	Cardiac catheterization on that day	<input type="checkbox"/> Y
4	Angiography, venography or lymphangiography on that day	<input type="checkbox"/> Y
5	Invasive diagnostic/therapeutic procedure that day including biopsy of an internal organ, bone marrow, thoracentesis, paracentesis, cysternal or ventricular tap, lumbar puncture.	<input type="checkbox"/> Y
6	Any test requiring strict dietary control for the duration of the test	<input type="checkbox"/> Y
7	Any test requiring collection of a timed sample, lasting 8 hours or more where this cannot be done at home	<input type="checkbox"/> Y
8	Documented medical monitoring by physicians at least on three occasions on the day	<input type="checkbox"/> Y
<b>B</b>	<b>Nursing/life support services (where/when the care provider has not been trained to do any of the following procedures at home) (any of the following present)</b>	
9	Respiratory care (oxygen, suction, airway management), any respirator use, mist tent, 4 hourly or more frequent inhalation therapy, intermittent positive pressure breathing or chest physical therapy (percussion and drainage)	<input type="checkbox"/> Y
10	Parenteral (intravenous) therapy for at least 8 hours on that day	<input type="checkbox"/> Y
11	Continuous monitoring of vital signs or at least every 30 minutes for at least 4 hours or 24 hours after such monitoring	<input type="checkbox"/> Y
12	IV medication for at least 8 hours on that day	<input type="checkbox"/> Y
13	Strict intake and output measurement and/or calorie counts on that day	<input type="checkbox"/> Y
14	Major surgical wound or drainage care (e.g. chest tubes, other drainage tubes, Hamovacs/ surgical drains)	<input type="checkbox"/> Y
15	Traction for fractures, dislocations, congenital deformities or other orthopedic conditions	<input type="checkbox"/> Y
16	Close medical monitoring (like neurological checks) at least three times daily	<input type="checkbox"/> Y
17	Respite care (interim care for ongoing treatment in chronic condition for a brief time interval) where there is no alternative system is available	<input type="checkbox"/> Y
<b>C</b>	<b>Patient condition within 24 hours of review (any of the following present)</b>	
18	Acute inability to void	<input type="checkbox"/> Y
19	Transfusion due to acute blood loss including active bleeding	<input type="checkbox"/> Y
20	Physician suspicion of suicide attempt so that a psychiatric opinion is requested	<input type="checkbox"/> Y
21	Physician suspicion of child abuse or neglect, where suitable alternative is not available	<input type="checkbox"/> Y
22	Lack of suitable care taker availability (for abandoned child)/ protected place	<input type="checkbox"/> Y
<b>D</b>	<b>Patient condition within 48 hours of review (any of the following present)</b>	
23	Temperature of $\geq 38.5^{\circ}\text{C}$ ( $100^{\circ}\text{F}$ ) orally, if patient admitted for reason other than fever	<input type="checkbox"/> Y
24	Coma; unresponsiveness for at least 1 hour	<input type="checkbox"/> Y
25	Acute confusional state	<input type="checkbox"/> Y
26	Acute onset hematological disorder (e.g. Neutropenia, Anemia, thrombocytopenia)	<input type="checkbox"/> Y
27	Progressive, acute neurological difficulties	<input type="checkbox"/> Y
29	Unstable vitals in last 48 hours	<input type="checkbox"/> Y