Sharp Healthcare Definition of Respiratory Failure

- Sharp Healthcare has decided to define specific clinical conditions to assist physicians and mid level providers in defining diagnoses to improve consistency and limit variability in criteria used based upon consensus by the specialty physicians within the organization .
- This assists in the accuracy and specificity of documentation, leading to increased quality.
- This also ensures that diagnosis are accurately assigned by clinical documentation specialists and coders.
- Acute on chronic respiratory failure is an acute exacerbation or decompensation of chronic respiratory failure which also meets the criteria for Acute Respiratory Failure.

Defining Criteria for Chronic Respiratory Failure
Patient Must Meet One Element from A OR One Element from B
A Abnormality of oxygenation (SpO2 ≤90% on room air) OR carbon dioxide elimination (chronic hypercapnia with elevated pCO2) due to chronic lung disease
And/Or
B Continuous home O2 use (24 hours per day)

Defining Criteria for Acute Respiratory Failure
Patient Must Meet One Element From A, One Element from B, and One Element From C
A • Abnormal respiratory rate (tachypnea or bradypnea) • Dyspnea or increased work of breathing
And
B* • SpO2<92% or a dependence on at least 4L/min of O2 through nasal cannula to prevent SpO2 from dropping below 92% and further decompensation • Acute respiratory acidosis: pH<7.35 accompanied by elevated pCO2 from an arterial sample • *Assuming these findings are deviations from the patient's baseline
And
C • The need for an intervention to support ventilation and/or gas exchange that is physiologically required to prevent decompensation; These interventions may include the use of a mechanical ventilator, BiPAP, or CPAP; These interventions may include the use of milder support interventions such as oxygen delivery via high flow therapy, non-rebreather mask or nasal cannula delivering at least 4L/min provided that the milder intervention is required for at lest 2 hours or longer

Sharp Healthcare Definition of Respiratory Failure

Post-Operative Respiratory Failure

The diagnosis of respiratory failure following surgery has reimbursement and quality of care implications. Post-procedural respiratory failure is a reportable surgical complication and can adversely affect quality scores for both hospitals and physicians

- Some patients are expected to remain on the ventilator following surgery. Such patients should not be considered to have respiratory failure on this basis alone.
- A patient may remain intubated post-operatively (or be re-intubated during the immediate post-operative period) solely to assure competency of the upper airway e.g.:
  - Following upper airway surgery that has led to airway edema
  - Following a surgical procedure that may impair swallow or gag reflexes and thus necessitate intubation for protection against aspiration.
  - Requires the patient to remain in a medically induced coma
- One potential distinguishing characteristic between a common course of recovery following surgery and an unexpected case of respiratory failure is time
- Patients who remain intubated for 48 hours or less should not be routinely diagnosed as having respiratory failure, unless there is evidence of pulmonary dysfunction such as impaired gas exchange.
- Patients who have undergone certain procedures, such as abdominal surgeries, or the aforementioned neurosurgical procedures, or surgeries with upper airway involvement, there may be an expected post-operative ventilator period of greater than 48 hours
- Such instances of mechanical ventilation, even in excess of 48 hours, should not be characterized as post-operative respiratory failure in the absence of significant compromise of pulmonary gas exchange
- Providers are encouraged to clearly document the expected ventilator-assist period and, once the patient is extubated, document if the period was expected or unexpected.

Respiratory Failure Following Surgery Due to Other Underlying Conditions

- When a patients has been intubated for greater than 48 hours post-surgery, and the cause is thought to be due to an underlying condition, the physician should document as Acute Respiratory Failure due to (state the condition) e.g.:
  - Severe COPD
  - Heart Failure
  - Aspiration Pneumonia
  - Pneumothorax
  - Facial or Other Trauma
  - Chronic neurological disorders

Documentation Tip

Avoid documentation of “Respiratory Insufficiency”

Continued Ventilator management, expected is acceptable to document.

Approved August 2019

References:

Maryland Hospital Association,
Final Document: Recommendations of the Respiratory Workgroup, 2017

Pinson, R. & Tang, C. 2019 CDI Pocket Guide HC Pro., 2019 p180-196