

RESPIRATORY FAILURE DOCUMENTATION TIPS

Step 1: Do they meet criteria for ↓ O₂ or ↑ CO₂

	Hypoxic	Hypercapnic
Acute	<p>O₂ sat ≤ 91% on room air</p> <p>PaO₂ < 60 mm Hg</p> <p>pO₂ ↓ by 10 mm Hg from baseline</p> <p>40% FiO₂/ >5L</p> <p>P/F <300</p>	<p>pCO₂ >50 mm Hg AND</p> <p>pCO₂ ↑ by 10 mm Hg from baseline</p>
Chronic	<p>On home O₂ (continuous)</p>	<p>↑ HCO₃ >35</p> <p>pCO₂ >50 AND</p> <p>pH >7.35</p>
Acute on Chronic	<p>O₂ sat ≤ 91% on home O₂</p> <p>↓ pO₂ by 10 mm Hg</p> <p>Increase in baseline O₂</p>	<p>pCO₂ >50 mm Hg AND</p> <p>pCO₂ ↑ by 10 mm Hg from baseline</p>



Document Clinical Signs and Symptoms

- RR >/<
- Dyspnea
- Orthopnea
- PND
- Retractions
- Not speaking full sentences
- Tripoding
- Cyanosis
- Accessory muscle use
- Restlessness, anxiety, confusion, somnolence, seizures, coma

Step 2: Acute Respiratory Failure and Airway Protection

Document the reason itself

- Cerebral hypoventilation d/t seizure, CVA, sepsis, encephalopathy, etc.
- Deconditioning
- Inability to protect airway

On Ventilator After Surgery

Reason	Examples
Perioperative intubation for the purpose of surgery	<p>This is not respiratory failure</p> <p>Remained intubated as expected with general anesthesia</p> <p>Remained intubated to allow recovery after brain/extensive GI surgery</p>

Reason	Examples
Respiratory failure secondary to another pathology	<p>COPD exacerbation</p> <p>CHF</p> <p>Obesity</p> <p>Tracheobronchomalacia</p>
Respiratory failure due to a complication of surgery	<p>Incident occurred during surgery leading unexpectedly to respiratory failure</p>