

CDI TIPS: RESPIRATORY FAILURE

Respiratory failure is the inability of the respiratory system to meet the oxygenation, ventilation, or metabolic requirements of the patient. Any underlying condition that interferes with oxygenation or ventilation can result in respiratory failure.

Acute respiratory failure (ARF)

develops over minutes to hours and is life threatening. Serum pH may be affected without metabolic compensation.

There are 2 types of ARF, and they can be found concomitantly:

- **Type 1 – hypoxemic** respiratory failure (PaO₂ < 60 mmHg)
- **Type 2 – hypercapnic** respiratory failure (PaCO₂ >50 mmHg)

Chronic respiratory failure develops over days, weeks or longer. It is often the result of a chronic illness and chronic oxygen requirements are common.

Acute on chronic respiratory failure is an acute condition superimposed on underlying chronic respiratory failure. It can be **hypoxic** (PO₂ ≤ 10 mmHg from baseline), **hypercapnic** (PaCO₂ >10 mmHg above the patient's baseline and pH < 7.35), or **both**.

Documentation points:

- **Symptoms and physical exam findings of acute respiratory failure should be documented in the medical record** such as: tachypnea, gasping, dyspnea, wheezing, decreased or absent breath sounds, cyanosis, use of accessory muscles, retractions, paradoxical respiratory movements, nasal flaring, inability to talk in full sentences, appearance of distress or apprehension, altered mental status, and diaphoresis.
- **Pulse oximetry** can be affected by pH and the presence of fetal, carboxy-, and met- hemoglobin, so it **should be interpreted with caution**. Under typical circumstances, an oxygen saturation of ≤ 90% is considered hypoxemia (O₂ sat of 91% correlates with PO₂ of 60 mmHg).
- **Be as specific as possible:** type of respiratory failure, etiology, etc.
- Verbiage of "respiratory distress" and "respiratory insufficiency" are considered **nonspecific** and do not code to respiratory failure.
- Pulse oximetry which does not meet criteria of ARF may be documented as **hypoxemia**.
- Intubated patients with oxygen or ventilatory needs should not be documented as "airway protection."

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