

# East Jefferson General Hospital

## Documentation Tip: Respiratory Failure

October 2019

### Acute Respiratory Failure

In order to validate the diagnosis of acute respiratory failure for coding and reporting, **consider the following clinical indicators:**

- pO<sub>2</sub> < 60
- pCO<sub>2</sub> > 50 mmHg
- pH < 7.30 or > 7.50
- Signs & symptoms of acute respiratory distress

### Does the clinical picture fit?

Often we see documentation of “awake, alert, and in no distress,” 2L oxygen NC, RR 18-20 br/min and pulse ox > 92% on RA with diagnosis of acute respiratory failure. **Is this truly respiratory failure?** Or maybe the indicators signify acute respiratory distress or insufficiency? Chronic respiratory failure?

***Providing a more descriptive clinical picture will decrease your query load and avoid clinical denials.***

Documentation of **clinical evidence of respiratory failure** provides essential support, such as:

- Acute respiratory distress
- Shortness of breath
- Increased work of breathing
- Accessory muscle use
- Intercostal muscle retractions
- Unable to speak in complete sentences
- Nasal flaring
- Extreme anxiety and feeling of “impending doom”
- Cyanosis
- Depressed/altered mental status
- Diaphoresis
- Dyspnea
- Tachycardia
- Tachypnea (24-30 br/min)
- Tripoding/orthopnea
- Oxygen saturation < 88% not remediable by oxygen therapy.



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