

Acute Respiratory Failure

- **DEFINITION:** Present if any **2** of these **3** criteria are met:

1. $pO_2 < 60\text{mmHg}$

- **OR:** peripheral oxygen saturation of 88% or less if no ABG available

2. $pCO_2 > 50\text{mmHg}$ with $pH < 7.35$ (means acute!)

3. Respiratory Distress (document through the physical exam)

Important documentation points about the diagnosis of Acute Respiratory Failure:

- ICU admission &/or intubation w/ mechanical ventilation ***not required*** to meet this definition.
- Please specify whether the acute respiratory failure is **hypoxic or hypercapnic**.
- You **DO NOT** need an ABG to make this diagnosis!
 - Peripheral oxygen saturations are acceptable for diagnosing hypoxia”.
 - VBGs may be used for estimating pCO_2 levels and pH levels but not pO_2 levels.
- Signs and Symptoms of Respiratory Distress – please document in the chart!
 - Tachypnea (RR > 20)
 - Brief, fragmented speech
 - Inability to complete a full sentence without taking a deep breath
 - Retractions or use of accessory muscles
 - Inability to lie supine
 - Diaphoresis
 - Cyanosis &/or dusky skin
 - Depressed or altered mental status
 - “Paradoxical” Respirations
- Please **DO NOT** document Acute Respiratory Distress if your patient meets criteria for Acute Respiratory Failure.
- Please make sure to update your physical exam template at the time of service to the patient. Patient’s cannot have Acute Respiratory Failure if their physical exam says they are ‘in NAD’ with lungs that are “CTA without labored respirations’ or they have ‘normal work of breathing’, etc.”