UMass Memorial Health

QUALITY, CDI AND CODING DOCUMENTATION TIP OF THE MONTH

Postoperative Respiratory Failure

Postoperative Acute Respiratory Failure is considered a surgical complication and possibly a Patient Safety Indicator (PSI). Prior to documentation of this diagnosis, consider this:

- Is the respiratory failure related to an underlying or pre-existing medical condition? → **Acute Respiratory Failure Due to Underlying Medical Condition**
  - Make sure to document this clearly!
  - Example: Acute on chronic respiratory failure in a patient with COPD following a high-risk CABG.
- Is the respiratory failure a direct complication of the surgery/procedure? → **Postoperative Acute Respiratory Failure**
  - Example: Acute postoperative respiratory failure following a CABG in a patient with no known history of respiratory compromise.

Avoid a Query!

- Avoid using the term "postoperative respiratory failure" generically for all respiratory failure after a procedure.
- If sole reason for intubation is airway protection only, clearly document this: i.e., mechanical ventilation or other respiratory support is required to maintain airway due to sedation.
- Document any preoperative acute respiratory failure

Possible clinical indicators the patient **may not** have respiratory failure in the postoperative period	• Mechanical ventilation or other respiratory support in the postoperative period routine or expected, document the reason for extended post-procedure ventilation • Mechanical ventilation or other respiratory support is required to maintain the patient airway due to sedation
Possible clinical indicators the patient **may** have respiratory failure in the postoperative period	• Mechanical ventilation or other respiratory support extends past what would be routine or expected • Frequent changes to ventilator therapy • Failed attempts to wean off mechanical ventilation

Example Patient had an increased oxygen requirement postoperatively. Overnight, SpO2 in the 80s, which improved on 4L NC to 91% (patient typically on 2-3L NC at baseline due to history of COPD). Did not require BiPAP or intubation. Hypoxia only, not respiratory failure.

Contact the CDI Team with any Questions:
774-261-3944 | 774-258-0525 | 774-239-6081