Patient Safety Indicator

PSI-11 Post Op Respiratory Failure

Henry Mayo Newhall Hospital

To Accurately Capture and Report

- Acute pulmonary insufficiency following thoracic/non-thoracic surgery
- Chronic pulmonary insufficiency following surgery
- Acute postprocedural respiratory failure
- Acute and chronic postprocedural respiratory failure

AND

The patient underwent a surgical procedure and

- The patient required mechanical ventilation ≥48 hours post procedure OR
- The patient required reintubation or aggressive pulmonary therapy such as BiPAP, high flow oxygen such as a nonrebreather mask or venti mask following weaning and/or extubation

Exclusions

- If your patient has a principal diagnosis of acute respiratory failure
- If your patient has a tracheostomy or is going for a tracheostomy
- If your patient has malignant hyperthermia
- If your patient has a neuromuscular disorder, e.g. G-B, MD, MG, Dementia w/Lewy bodies
- If your patient has a degenerative neurological disorder, e.g., Alzheimer's, brain death, Pick's disease, Dementia w/Lewy bodies, Delirium d/t known physiological conditions
- If your patient has laryngeal, pharyngeal, nose, mouth, or facial surgery involving significant risk of airway compromise
- If your patient has lung cancer
- If your patient has a lung or heart transplant
- If your patient is Pregnant
- If your patient is a newborn in the Perinatal period

When you might get a query

1. When you document when the postprocedural respiratory condition is due to a preexisting or other underlying condition (e.g. COPD, CHF, aspiration pneumonia, pneumothorax.)
2. When the mechanical ventilation is an expected treatment, integral to the procedure and does not extend beyond the expected duration (e.g. CABG patient who is maintained on the vent immediately post op and slowly weaned/extubated over 24-48 hrs.)

Documentation Tips

- Always document acute and/or chronic
- Always specify with hypoxia, hypercapnea or combined
- Mild, moderate or severe respiratory distress and respiratory insufficiency do not equal respiratory failure
- Blood gases and mechanical ventilation are not required
- Link respiratory failure to underlying etiology!
  - E.g., document history of tobacco use or smoke exposure