1. This patient has COPD and is on oxygen every (Insert Liters/Min or appropriate time) at home and has been on continuous oxygen since admission. (Insert Clinical indicators)
Based on these clinical indications and treatment, please clarify if you are treating for one of the following diagnoses:

OR-

2. The patient presented with (clinical indicators: increased work of breathing (WOB), increased respiratory rate, cyanosis, decreased O2 sat, abnormal ABGs-list, hypercapnia, hypoxemia). Treatment included: mechanical ventilation including CPAP or BiPAP, bronchodilators, and O2 supplementation (be specific).

OR-

3. The patient remained intubated post operatively and was transferred to critical care. {Clinical Indicators for diagnosis.} Please provide additional documentation if any of the following conditions apply:
- Respiratory failure due to a pre-existing medical condition such as COPD, CHF, aspiration prior to surgery, or other (please specify)
- Post-operative respiratory failure
- Other:
Based on these clinical indicators, please indicate if you are treating for one of the following diagnoses:

• Acute Exacerbation of COPD
• Chronic Respiratory Failure
• Acute Respiratory Failure
• Acute on Chronic Respiratory Failure
• Hypoxia
• Unable to Determine
• Other
### Criteria for Respiratory Failure*

<table>
<thead>
<tr>
<th>Respiratory Failure</th>
<th>Acute: develops over minutes to hours; most auditors expect ≥ 2 ABG values</th>
<th>Chronic: develops over several hrs/days; requires ongoing home treatment to maintain stable state</th>
</tr>
</thead>
<tbody>
<tr>
<td>Types:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I Hypoxemic</td>
<td>➢ pH of ≤ 7.30 or ≥ 7.50; if hx of COPD, pH ≤ 7.35</td>
<td>➢ “End-stage” COPD</td>
</tr>
<tr>
<td>II Hypercapnic</td>
<td>➢ pCO(_2) of ≥ 50</td>
<td>➢ Home O(_2) required</td>
</tr>
<tr>
<td></td>
<td>➢ pO(_2) of &lt; 60</td>
<td>➢ Home nebulizers used</td>
</tr>
<tr>
<td></td>
<td>➢ RR of ≥ 24</td>
<td>➢ Chronic oral steroids used</td>
</tr>
<tr>
<td></td>
<td>➢ Altered mental status; anxious</td>
<td>➢ Worsening of chronic symptoms = Acute on chronic</td>
</tr>
<tr>
<td></td>
<td>➢ Accessory muscle use; unable to speak in complete sentences</td>
<td></td>
</tr>
</tbody>
</table>


---

**PLEASE DOCUMENT ANY ADDITIONAL DIAGNOSES AND/OR SPECIFICITY IN THE PROGRESS NOTES AND/OR DISCHARGE SUMMARY. COMMENTS ARE NOT A PERMANENT PART OF A PATIENT’S MEDICAL RECORD.**

- [ ] Yes I agree with the above information. Documentation will be placed in the progress notes.
- [ ] Unable to determine/Will address prior to discharge
- [ ] No, I disagree with the above information

---

Physician Signature: ____________________________________________________________

Date: ________________ Time: ________________