

PIEDMONT PULMONOLOGY POCKET REFERENCE

Acute heart failure with preserved EF (HFpEF)

Typical signs and symptoms of heart failure (e.g., SOB, orthopnea, lower extremity edema, rapid weight gain) in a patient with preserved left ventricular EF by echo or cardiac cath

Acute heart failure with reduced EF (HFrEF)

Typical signs and symptoms of heart failure (e.g., SOB, orthopnea, lower extremity edema, rapid weight gain) in a patient with reduced left ventricular EF by echo or cardiac cath

Acute kidney injury

Acute increase in serum creatinine of 50% above baseline OR Increase in serum creatinine of ≥ 0.3 mg/dl occurring in <48 hours

Acute respiratory failure [specify with hypoxia and/or hypercapnia]

Significant change in respiratory status, presenting as either difficulty breathing (observed tripodding, inability to speak more than a few words between breaths, cyanosis, use of accessory muscles to breathe, or subjectively reported as severe dyspnea) OR interruption of breathing (observed low respiratory rate or reduced drive) AND any of the following:

- Room air PaO₂ <60 mm Hg on ABG or SpO₂ <89% on pulse oximetry or any patient who is placed on CPAP or facemask for hypoxia
- PaCO₂ >50 mm Hg and pH <7.35 on ABG
- Any patient who is intubated or placed on BiPAP for impending respiratory failure (not for airway protection)
- Specify if hypoxia and/or hypercapnia is present.
- Specify when Present on Admission (POA) and/or if due to a pre-existing medical condition.

Chronic heart failure with preserved EF (HFpEF)

History of one or more episodes of heart failure in a patient with preserved left ventricular ejection fraction by echocardiography, cardiac catheterization, and/or nuclear scan estimation.

Chronic heart failure with reduced EF (HFrEF)

History of one or more episodes of heart failure in a patient with impaired pump function assessed by measuring left ventricular ejection fraction by echocardiography, cardiac catheterization, and/or nuclear scan estimation.

Chronic kidney disease [stage 3, 4, 5, or ESRD, on dialysis]

A decrease in baseline GFR of 3 or more months' duration:

- Stage 3: Baseline GFR 30-59 ml/min
- Stage 4: Baseline GFR 15-29 ml/min
- Stage 5: Baseline GFR < 15 ml/min
- ESRD, on dialysis

Chronic respiratory failure [specify with hypoxia and/or hypercapnia]

Condition of chronically low oxygen and/or high serum bicarbonate (HCO₃) levels. Any patient who is on continuous home O₂ OR has HCO₃ levels chronically in the high abnormal range AND has a problem with pulmonary mechanics (e.g., neuromuscular disease), pulmonary function (e.g., COPD) or central respiratory drive (e.g., obesity-hypoventilation syndrome, spinal cord injury). Specify if hypoxia and/or hypercapnia is present.

Encephalopathy due to [specify cause]

Any diffuse disease of the brain that alters brain function or structure. Causes include infection, metabolic abnormalities, liver dysfunction, increased pressure in the skull, toxins, poor nutrition, or ischemia. The hallmark of encephalopathy is an altered mental state. Encephalopathy should only be documented if your patient meets criteria AND it is clinically significant. Clinically significant is defined as any intervention or additional care that is provided to specifically address the encephalopathy, e.g., medication administration, the use of physical restraints or sitters, additional nursing care or a prolonged hospital stay.

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Hypernatremia	Any high/abnormal lab value for serum sodium
Hyponatremia	Any low/abnormal lab value for serum sodium
Morbid obesity [BMI]	Any patient with BMI \geq 40
Pleural effusion	A clinically-significant collection of excess fluid in the pleural cavity. Clinically significant is defined as any intervention or additional care that is provided to specifically address the pleural effusion, e.g., medication administration, additional procedures, the use of oxygen to treat resulting hypoxia or a prolonged hospital stay.
Pneumothorax	Presence of air between the parietal and visceral pleura. May present with or without signs and symptoms of respiratory distress depending on size and rate of expansion. Categorized as primary/spontaneous, secondary to trauma/infection/malignancy/COPD, iatrogenic or traumatic according to etiology. Small < 2 cm rim between the lung edge and chest wall Large > 2 cm rim between lung edge and chest wall.
Sepsis	Suspected or proven infection AND at least two of the following four SIRS criteria: <ul style="list-style-type: none">• T > 38.3 OR < 36 (can be a patient reported, measured fever at home or documented fever in the ED)• RR > 20• HR > 90• WBC > 12 OR < 4 OR > 10% bands
Severe sepsis	Sepsis AND lactate > 2 OR sepsis AND any one of the following organ dysfunction criteria attributable to sepsis: hypotension (SBP < 90 mmHg, or MAP < 65 mmHg, or SBP decrease of > 40 mmHg); acute respiratory failure as evidenced by a new need for invasive/non-invasive mechanical ventilation; creatinine > 2.0, or urine output < 0.5 mL/kg/hour for 2 hrs; bilirubin > 2 mg/dL, INR > 1.5 or aPTT > 60 sec; platelet count < 100,000
Septic shock	Severe sepsis AND lactate \geq 4 mmol/L OR severe sepsis AND hypotension that is refractory to IV fluid resuscitation (evidenced by the use of vasopressors to maintain blood pressure)
Pneumonia [specify type/cause, and if present on admission (POA)]	Bacterial, viral, or fungal infection of one or both lungs that causes alveolar inflammation, filling, and/or congestion. Signs and symptoms include cough, fever, chills, and dyspnea, as well as elevated WBC and chest radiographic findings consistent with or suggestive of pneumonia.
Venous thromboembolism [specify DVT or PE, acute or chronic]	Presence of deep vein thrombosis, specify vein. Presence of pulmonary embolism of any size. Specify acute or chronic.

* Indicate "Present on Admission or POA" when applicable