



### Scenario:

87-year-old female, w/ PMH of CAD, s/p CABG and pacemaker, presented to the ED for sudden onset SOB that began a few hours prior to presentation.

### Initial vital signs:

O2 sat 70% on 2L NC

BP 230/114, HR 87, RR 31

CXR: cardiac enlargement w/ multifocal bilateral hazy pulmonary opacities representing decompensated CHF and pulmonary edema versus PNA.

Exam: Tachypnea, increased work of breathing, prolonged exhalation and expiratory wheezes.

### ED Course:

Started on BiPAP to keep O2 above 90%. IV Solumedrol, IV Lasix, Nitropaste, Foley catheter

### At Time of Decision:

Medical Hx: CHF, obesity

Vital Signs: BP 132/68, RR 22, O<sub>2</sub> 96% on BiPAP

EKG: HR 100-120s

Labs: WNL, Troponin negative x1

**Documented Principal Problem:** CHF

### Recommended Workflow

**C-** Consider appropriate care setting

- Hospitalization

**A-** Ask what the principal diagnosis is?

- Heart Failure

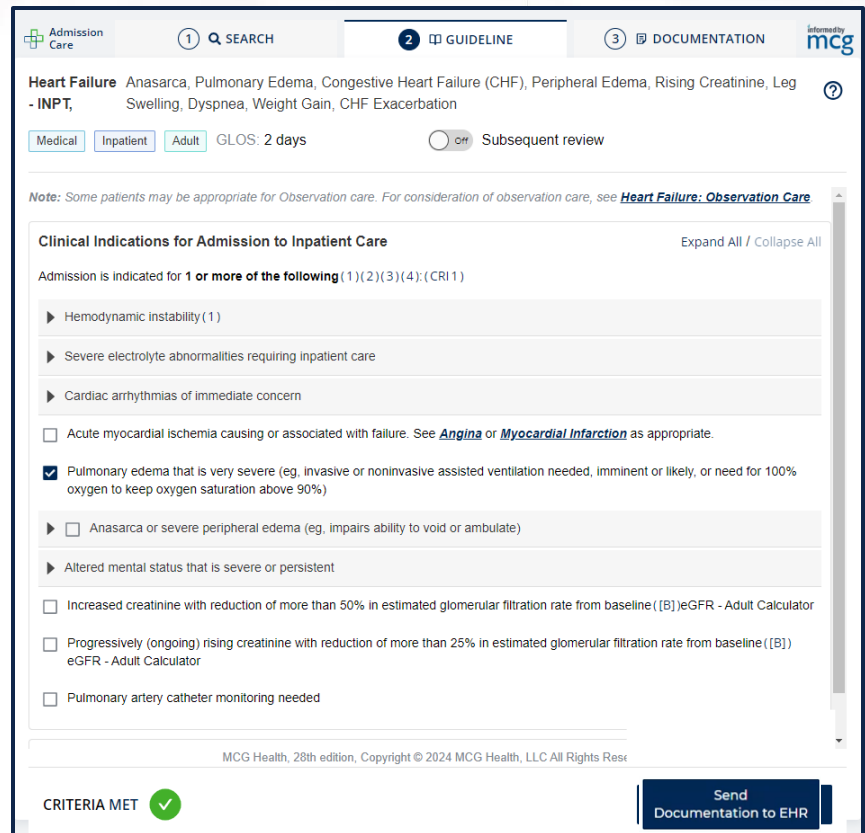
**R-** Review INPT guideline first, then OBS

- INPT Criteria: MET

**E-** Enter bed status / level of care order

- Inpatient

**D-** Document criteria in medical record



The screenshot shows the AdmissionCare interface with the following details:

- Navigation:** 1 SEARCH, 2 GUIDELINE, 3 DOCUMENTATION. The 'GUIDELINE' tab is active.
- Header:** AdmissionCare logo, 'Heart Failure' title, and a list of associated conditions: Anasarca, Pulmonary Edema, Congestive Heart Failure (CHF), Peripheral Edema, Rising Creatinine, Leg Swelling, Dyspnea, Weight Gain, CHF Exacerbation.
- Buttons:** Medical, Inpatient (selected), Adult, GLOS: 2 days, and a toggle for 'Subsequent review'.
- Note:** Some patients may be appropriate for Observation care. For consideration of observation care, see [Heart Failure: Observation Care](#).
- Clinical Indications for Admission to Inpatient Care:** Expand All / Collapse All. Admission is indicated for 1 or more of the following (1)(2)(3)(4)(CRI 1):
  - ☒ Hemodynamic instability (1)
  - ☒ Severe electrolyte abnormalities requiring inpatient care
  - ☒ Cardiac arrhythmias of immediate concern
  - ☐ Acute myocardial ischemia causing or associated with failure. See [Angina](#) or [Myocardial Infarction](#) as appropriate.
  - ☒ Pulmonary edema that is very severe (eg, invasive or noninvasive assisted ventilation needed, imminent or likely, or need for 100% oxygen to keep oxygen saturation above 90%)
  - ☐ Anasarca or severe peripheral edema (eg, impairs ability to void or ambulate)
  - ☒ Altered mental status that is severe or persistent
  - ☐ Increased creatinine with reduction of more than 50% in estimated glomerular filtration rate from baseline ([B]) eGFR - Adult Calculator
  - ☐ Progressively (ongoing) rising creatinine with reduction of more than 25% in estimated glomerular filtration rate from baseline ([B]) eGFR - Adult Calculator
  - ☐ Pulmonary artery catheter monitoring needed
- Footer:** MCG Health, 28th edition, Copyright © 2024 MCG Health, LLC All Rights Reserved.
- Summary:** CRITERIA MET (green checkmark icon).
- Action:** Send Documentation to EHR button.

### Teaching Points:

- If the patient has other clinically active comorbidities with Heart Failure, select Multiple Condition Management (MCM) Guidelines using Heart Failure as the principal diagnosis paired with the comorbid condition that require inpatient care (ie Heart Failure with A-Fib). Using MCM will support an extended length of stay
- OBS would be appropriate if patient responded quickly to treatment.
  - For example: labs normal, O<sub>2</sub> needs improving
- Many criteria under the INPT guideline require a stay in OBS status before converting to INPT.