Clinical Scenario
Hypoxia/Hypoxemia

ED Presentation

76M PMH CHF, CAD, A-Flutter, HTN, remote untreated lung mass, tobacco abuse to ED c/o SOB and generalized weakness. 02 sat RA 91%, P-120s, RR 30-40s. SBP up to 180s.

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Root Cause?

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CHF GL OR **COPD GL** OR **PNA GL** OR **Asthma GL** OR

Other GL
- Pneumothorax
- Lung transplant
- Pulm Emboli
- Core Pulmonale
- Covid
- Viral Illness

OR

Unknown Cause
- Resp Failure GL
- Pulmonary GL

INPT GL First Then OBS

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Clinical Scenario Time of Admit
- Currently RA, 02 sat 91%, RR 22- 40, increased work of breathing, mild distress.
- Principal Diagnosis: Acute respiratory distress and Dyspnea, Multifactorial.
- Enlarging lung nodules, Suspect a degree of ADHF and mild fluid overload, Pulmonary Consult.

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Respiratory Failure Guideline

☑ INPATIENT	☐ OBSERVATION

☑ Indicated for one or more:
 	
☑ Severe respiratory distress, as indicated by:
☑ Severe tachypnea
	☐ Indicated for one or more:
	☐ Abnormal VS
	☐ Pulmonary edema
	☐ Hypoxemia, one:
	  ☐ No home 02, sat <90%
	  ☐ Now requires 02 keep sat >90%
	  ☐ Requires increase in baseline O2
	☐ RR >18
	☐ AMS*
	☐ Abnormal electrolytes
	☐ Change in renal function

Teaching Points
- Select GL that is the Principal Dx or 'root cause' of symptoms
- If no firm DX, use general guidelines (Respiratory Failure or Pulmonary Disease)xcvbn