

E/M Codes	Management Options	Clinical Scenarios
<p>99291 Critical Care</p>	<p>Management Options:</p> <ol style="list-style-type: none"> Medications: Please see page 6. Procedures may include the following (with unstable vital signs): <ul style="list-style-type: none"> Non-tunneled or triple lumen catheters Endotracheal intubations and ventilator management Thoracostomy tube Pericardiocentesis Pacemaker insertion Cardioversion Cricothyrotomy Intraosseous IV Lumbar Puncture (Spinal Tap) Use of BiPap, CPAP or high flow oxygen via mask (100% non-rebreather or >40% Vent-mask). Orders may demonstrate a bolus of two (2) liters of IV fluids in an adult or bolus of 20ccs/kg in the pediatric patient which could indicate volume depletion from whatever cause (bleeding or dehydration). BOLUS/FLUID RESUSCITATION: refers to the very rapid infusion or large amounts of fluid consecutively to correct a loss or decrease in blood volume. Transfuse blood or blood products (FFP, Platelets, Factor VIII) in the ED. Universal (O-) blood given to a trauma victim. Most are admitted or transferred. (May be admitted to an ICU/CCU bed). Must fulfill other criteria for Critical Care. May become deceased following Critical Care efforts (> 30 minutes), leading to cardiac arrest, separate CPR, and pronounced after this unsuccessful. <p>Clinical Scenarios:</p> <ol style="list-style-type: none"> Usually patients with unstable vital signs or ones where the clinician is trying to prevent further deterioration. Time before and after successful CPR if 30 minutes of "full attention." Need for patient to go immediately to surgical suite for immediate stabilization or exploration (e.g., Ruptured liver or spleen, perforated viscus, free air or excessive blood in abdomen, torn thoracic or abdominal aorta, torn pulmonary vasculature or bronchus, extremity or Fournier's gangrene or ruptured esophagus). Varrior's femur or pelvic fx and/or injury to solid organ such as liver or spleen, with tachycardia > 100 or systolic BP <100. Post traumatic quadriplegia or paraplegia or cord hematoma with neurologic complaints such as numbness or paresthesias. Cervical fracture/subluxation with or w/out neurological deficit. Stab or gunshot wounds of chest, abdomen, neck or other areas necessitating near immediate OR exploration and repair. Obtundation or other types of significant mental status change secondary to trauma or medical reason. 	<ol style="list-style-type: none"> GCS < 12). Tension pneumothorax, large pneumothorax (> 25%) or a hemothorax. Angulated fracture/dislocation with skin tenting. Fracture requiring fasciotomy or burn with escharotomy. Acute STEMI or non-STEMI MI taken to cath lab. Acute STEMI or non-STEMI MI with thrombolytic meds given in ED. Acute coronary syndrome (ACS) requiring Heparin and/or Integrilin™ or ReoPro™. Accelerated hypertension requiring IV vasoactive drugs (refer to Critical Vital Signs, pg. 6). Acute thrombotic CVA with thrombolytic meds given/considered in the ED. Hemorrhagic CVA or subarachnoid bleed. Traumatic subdural or epidural hematoma and/or depressed skull fx. Chemical cardioversion if CP, SOB, diaphoresis. Electrical cardioversion on all patients. Bradycardia requiring external or internal pacemaker (e.g., heart rate <40). Patient with unstable vital signs such as pulse oximetry ≤ 90%, hypotension, hypertension (e.g., < 70/40 or > 230/130), brady or tachycardia (e.g., < 40 or > 150), hyper or hypothermia (e.g., < 95°F or > 104°F). Warming blanket for hypothermia (Bear Hugger). Patients who require BiPap, CPAP or high flow oxygen via mask (100% non-rebreather or > 40% Vent-mask). Patients who require endotracheal intubation with or w/out ventilator management for any reason. Patients with diagnosis of pulmonary embolus with therapy provided. Significant dehydration, sepsis, DKA, rhabdomyolysis or other conditions requiring IV fluid boluses, as referenced in Management Option #4. Head trauma, drug or ETOH overdoses, status epilepticus, allergic reaction, croup or foreign body requiring very close observation for airway control. Mesenteric ischemia with abdominal pain and lactic acidosis. Significant trauma secondary to suicide attempt. (examples: gunshot wounds to the body, lacerations cutting major arteries requiring blood administration/fluid resuscitation to prevent hypovolemic shock, attempted strangulations). NG or Gastric lavage for GI bleed or ingestion if abnormal vital signs (e.g., BP < 80/50 or pulse > 100). Activated charcoal (NG or PO) for poison or drug ingestion. Venomous snake bite. Mesenteric thrombosis. Upper airway obstruction with stridor (severe croup or epiglottitis) Anemia with active bleeding. Need for more than one (1) IV or IM Haldol™ or Ativan™ for significant agitation or violent behavior control. Need for IV/po Mucomyst™ for Tylenol™ overdose. Sepsis, Urrosepsis, Septicemia, Bacteremia, Meningitis or other severe infection with IV antibiotics therapy.

Critical Care Medications		
<p>1. Medications administered IV unless otherwise specified (not all inclusive):</p> <ul style="list-style-type: none"> - Abciximab - Adenosine/Adenocard™ (> 1 dose) - Acetadote™ (N-Acetyl Cysteine) (IV and po) - Aggrastat™ - Amiodarone - Apresoline (> 1 dose OR 1 dose plus an additional antihypertensive) - Atropine - Ativan™ IM or IV (for actively seizing pt, status epilepticus or significant agitation with > one dose) - Brethine - Calcium Chloride or Calcium Gluconate - Cardene™ - Cardizem™ (> 1 dose or drip) - Corlopam™ - CroFab™ - D50W (> 1 dose) - Diazepam (for actively seizing pt, status epilepticus or significant agitation with > one dose) - Diazoxide (> 1 dose OR 1 dose plus an additional antihypertensive) - Diltiazem (> 1 dose or drip) - Digibind™ - Dobutamine - Dopamine - Enalapril (> 1 dose OR 1 dose plus an additional antihypertensive) - Epinephrine or Adrenalin - Epinephrine SQ for anaphylaxis or severe allergic reaction - Fenoldopam - Furosemide (>1 dose) - Eptifibatid (Integrilin™) - Esmolol - Glucagon - Haldol™ IV or IM (significant agitation with > one dose) - Haldol™ IV or IM (significant agitation x 1 dose AND additional anti-psychotics IV or IM) - Heparin for PE, ACS, R/O MI - Heparin for Chest Pain Dx (admitted) - Hydralazine (> 1 dose OR 1 dose plus an additional antihypertensive) - Hyperstat (> 1 dose OR 1 dose plus an additional antihypertensive) 	<ul style="list-style-type: none"> - Insulin drip with or w/out initial bolus - Kayexalate oral combined with IV D50/IV insulin and/or IV calcium(for hyperkalemia) - Lasix (> 1 dose) - Labetalol (> 1 dose OR 1 dose plus an additional antihypertensive) - Levophed - Lidocaine (IV not subcutaneous) - Lopressor™ (3 doses) - Lorazepam (for actively seizing pt, status epilepticus or significant agitation with > one dose) - Lovenox™ subq for PE, ACS, R/O MI - Lovenox™ subq for Chest Pain Dx (admitted) - Mannitol (Hexan™) - Metoprolol (3 doses) - Mucomyst (N-Acetyl Cysteine) (IV and po) for Tylenol overdose - Nalaxone - Narcan™ - Natrecor™ - Neosynephrine - Nesiritide - Nicardipine - Nipride™ - Nitroglycerine - Norepinephrine - Normodyne (> 1 dose OR 1 dose plus an additional antihypertensive) - Octreotide - Oxytocin - Phenobarbital for status epilepticus - Pitocin - Potassium (for K < 2.5) - Procaainamide - Pronestyl - Propanolol - ReoPro™ - Romazicon™ - Sodium Bicarbonate - Streptokinase - Terbutaline - Theophylline - Thrombolytics (Retavase™, TNKase™) - Tirofiban 	<p>1. Unstable VITAL SIGNS consistent with organ system failure:</p> <ul style="list-style-type: none"> - O₂ Sat (pulse ox) ≤ 90% - Respirations (adult/child) > 30 (not a stand alone criteria) - Respirations (adult/child) ≤ 5 - Respirations (adult/child), intercostal retractions, nasal flaring, Cheyne-Stokes or tachypnea - Temperature (adult) ≥ 104°F - Temperature (adult) ≤ 95° - Heart rate/pulse (adult) ≥ 150 - Heart rate/pulse (adult) ≤ 40 - Systolic BP (adult) ≥ 230 or ≤ 70 - Diastolic BP (adult) ≥ 130 or ≤ 40 - Glasgow Coma Score (GCS) ≤ 12 <p>2. Electrolyte Imbalance:</p> <ul style="list-style-type: none"> - Sodium (Na) ≤ 120 or ≥ 150 - Potassium (K) ≤ 2.5 or ≥ 6.5 - Calcium (Ca) ≤ 6 or ≥ 13 mg/dl - Magnesium ≤ 1.5 or ≥ 5 meq/L - Bicarbonate (CO₂) ≤ 10 or ≥ 40 meq/L - Platelet count ≤ 20,000 <p>3. Other Labs:</p> <ul style="list-style-type: none"> - ABGs <ul style="list-style-type: none"> - PCO₂ ≤ 20 or ≥ 60 mm Hg - PO₂ ≤ 60 mm Hg - O₂ Sat (pulse ox) ≤ 90% - pH ≤ 7.25 or ≥ 7.6 - Hemoglobin (Hb) ≤ 7 - Troponin ≥ 0.04 (not a stand alone criteria) - Troponin ≥ 0.10 (stand alone criteria) - WBC ≤ 2K or ≥ 20K/µl (per CBC)
<p>99291</p> <p>Critical Care</p> <p><u>Antihypertensives:</u></p> <ul style="list-style-type: none"> - Apresoline - Diazoxide - Enalapril - Hydralazine - Hyperstat - Labetalol - Lopressor - Metoprolol - Normodyne - Trandate - Vasotec <p><u>Anti-Psychotics:</u></p> <p>(can be used in combination with Haldol to fulfill > 1 dose requirement)</p> <ul style="list-style-type: none"> - Abilify - Geodon - Risperdal - Zyprexa - Thorazine 	<p>Critical Care Vital Signs and Lab Values</p>	