

## Critical Care E/M Model 6/16/03

### Critical Care Interventions

**The following interventions qualify as critical care.** Additional explanations, examples and clarifications appear in italics. Items below as performed by hospital staff, rather than physician

<b>Interventions/care for critically ill or critically injured patients, e.g. central nervous system failure, circulatory failure, shock, renal, hepatic, metabolic, and/or respiratory failure. This may include, but is not limited to the following interventions:</b>	<i>Examples of critical ill or critically injured patients include: cardiopulmonary arrest or near arrest related to primary cardiac or respiratory causes, drug overdose, hyper/hypo-thermia, trauma (including severe burns), and other shock events such as anaphylaxis, diabetic shock, internal bleeding sepsis, etc.</i>
<b>Assist in induction/monitoring of pharmaceutical - induced coma</b>	<i>Examples: barbiturate coma for status epilepticus</i>
<b>Assist with rapid sequence intubation (that with provision/administration of sedative and/or paralytic agents), and/or airway management</b>	<i>Examples: AMBU, frequent ETT suctioning, set up for tube thoracostomy and assist physician with procedure, assist physician in performance of emergent cricothyrotomy, tracheostomy, endotracheal intubation, chest tube insertion, or any other emergency airway.</i>
<b>Code team/crash team/trauma team intervention</b>	<i>Multidisciplinary team approach to life or limb threatening situation. Some of the interventions will be separately billable, but this intervention requires additional facility resources with the activation and initiation of code interventions. Examples: performance of cardiopulmonary resuscitation, application and use of external, percutaneous or intracardiac pacemaker, set up for peritoneal lavage, resuscitation for hypothermia, CPR, defibrillation/emergent cardioversion, thoracotomy, pericardiocentesis.</i>
<b>Control of major hemorrhage such as for threatened exsanguination leading to hemodynamic instability</b>	<i>Control of hemorrhage for example for major trauma, post surgical, including monitoring, IV fluids, emergent administration of multiple concurrent blood products, etc.</i>
<b>Initiation, monitoring and titration of thrombolytic agents and vasopressors.</b>	<i>Monitoring and potential intervention for clinical instability in regard to vasoactive drips or push, antiarrhythmics for life-threatening arrhythmias (e.g. Nitroglycerin, Nitroprusside, dopamine, dobutamine, levophed, Isuprel, amiodarone, lidocaine, procainamide) and thrombolytic agents for acute myocardial infarction, strokes, pulmonary embolism (Streptokinase, TPA)</i>
<b>Continuous and on-going reassessment until stabilized, requiring immediate aggressive interventions in an unstable patient with potential for rapid deterioration and demonstrated instability.</b>	
<b>Post mortem C-section</b>	<i>Example: trauma pregnant woman who expires, emergency Cesarean section is performed to resuscitate and save the baby.</i>