

Ventilator Use and Dependence

Mechanical ventilation is the use of a machine to help a patient breathe by moving air into and out of their lungs. Mechanical ventilation can be delivered noninvasively, through a face or nasal mask, or invasively, with an endotracheal tube, or tracheostomy. This is typically classified by the patient respiratory requirements into use or dependence of a ventilator. Ventilator use is short-term assistance to help a patient breathe, sometimes associated with sedation or general anesthesia. Ventilator dependence occurs when a patient is unable to breathe independently and requires assistance to support their breathing long term due to a respiratory condition and may require a higher level of care.

ICD-10 CODES

Z99.11 Dependence on respirator [ventilator] status

Z93.0 Tracheostomy status

Z43.0 Encounter for attention to tracheostomy

J95.0- Tracheostomy complication

DOCUMENTATION ACRONYMS

DEEP Diagnosis Elements

Include elements of DEEP in documentation to clinically support ventilator use and dependence.

Diagnosis: Respiratory failure

Evidence: S/P catastrophic stroke, ETT in place

Evaluation: Respiratory failure, dependent on ventilator

Plan: Schedule OR to create tracheostomy and place permanent tube

Final Assessment Details

Include DSP for each addressed condition impacting treatment and patient care.

Diagnosis:

Respiratory Condition/Causation

- Respiratory Failure
- Neuromuscular Disease
- Thoracic Restrictive Disease
- Post Operative

Status:

Ventilator status

- Dependence
 - Tracheostomy presence
- Temporary Use

Plan:

- Long Term Dependence
- Weaning
- Tracheostomy care
- Coordination of other care

BEST PRACTICES & TIPS

- The type of mechanical breathing support being provided **must be** documented with clarity regarding whether the patient is on a ventilator for a short term problem or if they are truly dependent on this for sustaining life.
- Specificity is key! When mechanical ventilation in any form is documented, **the duration of the necessary breathing support cannot be assumed**, regardless of the underlying cause. It is considered 'ventilator use' unless documented as dependent upon the ventilator.
- The **associated condition** causing the need for ventilator support (e.g. chronic respiratory failure, neuromuscular disease, thoracic restrictive disease, etc.) must always be documented along with the **type of mechanical ventilation**, estimated **duration**, and current ventilator **settings**.
- Documentation of **ventilator use** is appropriate when a patient's primary problem is depression of the brain's respiratory center following sedation or anesthesia.
- Documentation of **ventilator dependence** should be reserved for patients who are chronically dependent requiring the long-term respiratory support of a ventilator along with documentation of the associated respiratory failure, neuromuscular disease, or thoracic restrictive condition.
- A **tracheostomy** that is being used to provide ventilatory support should always be documented.
- If a patient is currently undergoing **weaning from mechanical ventilation**, document this scenario along with the corresponding respiratory cause.



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