



Scenario:

62 female c/o SOB, generalized weakness.

Initial vital signs: O₂ sat 88% on RA, HR 110, RR 30, BP 232/126. Missed dialysis session x2 because out of town.

ED Course:

Labetalol IV x1 given. Case discussed with nephrology, will go ahead and arrange for urgent dialysis because of HTN. Plan to discharge in AM.

At Time of Decision:

Medical Hx: ESRD dialysis 3x week

Vital Signs: BP 159/95, RR 18 with no c/o SOB, Sat 88% RA, 98% 2L NC.

Radiology: CXR: mild CHF EKG: neg

Labs: BUN 67, Cr 8.36, Tr I 0.044, K 5.2

Recommended Workflow

C- Consider appropriate care setting

- Determine if patient can safely obtain dialysis at routine facility. In this circumstance... probably not.

A- Ask what the principal diagnosis is?

- Renal Failure, Chronic

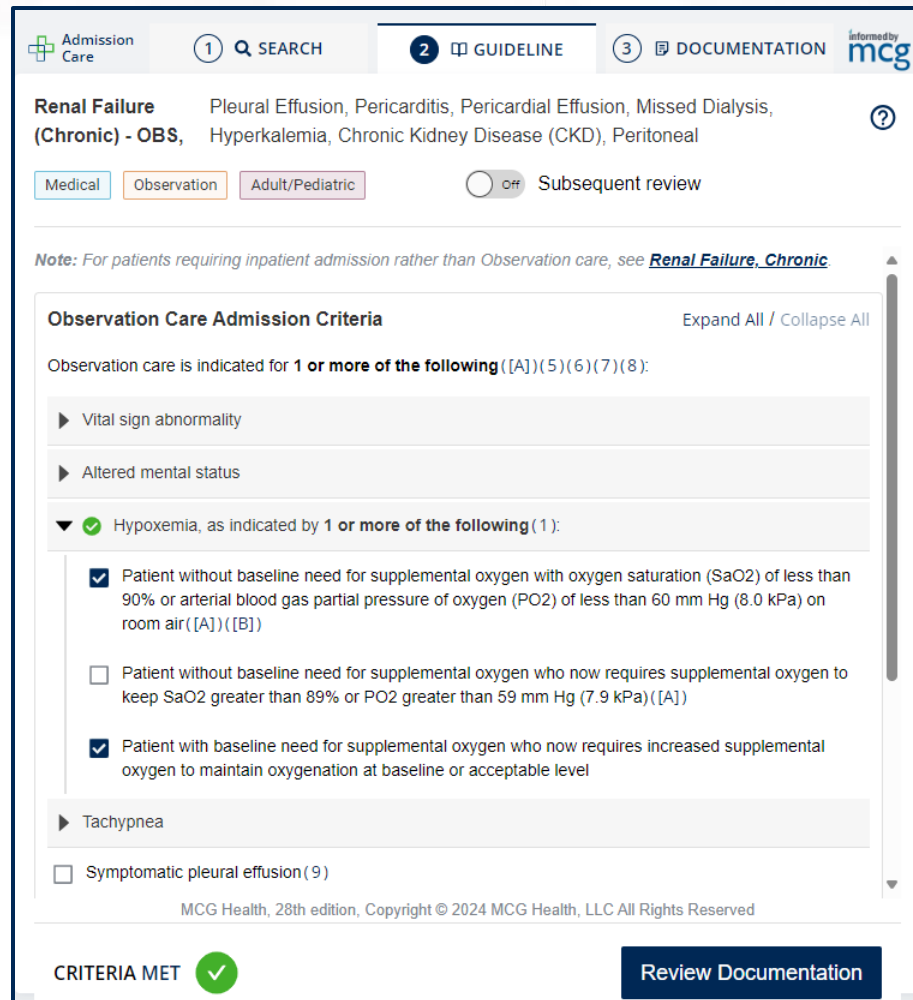
R- Review INPT guideline first, then OBS

- INPT Criteria NOT Met -> toggle to OBS
- OBS Criteria MET

E- Enter bed status / level of care order

- Observation

D- Document criteria in medical record



The screenshot shows the AdmissionCare interface for a patient with Renal Failure (Chronic) - OBS. The interface includes a search bar, navigation tabs for SEARCH, GUIDELINE, and DOCUMENTATION, and a toggle for 'Subsequent review' (currently off). The main content area displays the 'Observation Care Admission Criteria' for this condition. A note states: 'For patients requiring inpatient admission rather than Observation care, see **Renal Failure, Chronic**.' The criteria are listed as follows:

- Observation care is indicated for 1 or more of the following ((A))(5)(6)(7)(8):
- Vital sign abnormality
- Altered mental status
- Hypoxemia, as indicated by 1 or more of the following (1):
 - Patient without baseline need for supplemental oxygen with oxygen saturation (SaO₂) of less than 90% or arterial blood gas partial pressure of oxygen (PO₂) of less than 60 mm Hg (8.0 kPa) on room air ([A])([B])
 - Patient without baseline need for supplemental oxygen who now requires supplemental oxygen to keep SaO₂ greater than 89% or PO₂ greater than 59 mm Hg (7.9 kPa)([A])
 - Patient with baseline need for supplemental oxygen who now requires increased supplemental oxygen to maintain oxygenation at baseline or acceptable level
- Tachypnea
- Symptomatic pleural effusion (9)

At the bottom of the interface, it states 'CRITERIA MET' with a green checkmark and a 'Review Documentation' button. The footer includes 'MCG Health, 28th edition, Copyright © 2024 MCG Health, LLC All Rights Reserved'.

Teaching Points

- If patient is stable in the ED, physician should attempt to have patient receive dialysis at their routine facility. If this is not possible, the patient should usually be placed in "Outpatient in a Bed" (to obtain HD) or OBS (if they meet criteria).
- Hypertensive Emergency is not an appropriate admission diagnosis since ED treatment corrected this.

Medicare does not allow payment for routine or related dialysis treatments, which are covered and paid as a routine outpatient service.

Payment for unscheduled dialysis furnished to ESRD outpatients is limited to the following circumstances:

1. Dialysis performed following or in connection with a dialysis-related procedure such as vascular access procedure or blood transfusions.
2. Dialysis performed following treatment for an unrelated medical emergency.
 - Example: if a patient goes to the emergency room for chest pains and misses a regularly scheduled dialysis treatment that cannot be rescheduled, CMS allows the hospital to provide and bill Medicare for the dialysis treatment.
3. Emergency dialysis for ESRD patients who would otherwise have to be admitted as inpatients.