**Division of Hospital Medicine Critical Care / Intensive Care Autotexts**

**Code: 99291, 99292**

**Description: Time-based Critical Care**

**Code: 99471, 99472, 99475, 99476**

**Description: Per Diem Critical Care**

Attending note A/P (autotext “.dhmcc”)

\_[**\*\*\*EDIT**: ID statement, reason for hospitalization or event description]

This patient is critically ill due to \_[**\*\*\*Dropdown:** acute respiratory failure, status asthmaticus, acute cardiac failure, sepsis, acute hepatic failure, acute kidney injury]. Critical care interventions provided at the bedside or on the inpatient floor include: \_[ **\*\*\*Dropdown:** ventilator management, heated high flow nasal cannula management, BiPAP/CPAP management, continuous nebulized albuterol, management of cardiac drips, management of LVAD, review of blood gasses, review of radiographs, review of labs and/or cultures, management of enteral/parenteral nutrition, IV antibiotic therapy], continuous vital sign monitoring, close clinical monitoring under the direct supervision of a physician, and counseling caregivers about plan of care.

Plan: \_

Critical care time spent: \_[**\*\*\*EDIT:** type exact number, not “>30 ”] minutes

Attending attestation to resident note (autotext “.dhmccattest”)

Hospital Medicine Attending Attestation

Date of Service: \_[**\*\*\*EDIT**]

I have personally seen and examined the patient today. I have reviewed the resident’s note and agree with the documented history and physical examination as being identical to my own (except as updated or modified below). I also agree with the resident’s documented plan, which I formulated together with the house staff on rounds today (except as updated or modified below).

­­\_[**\*\*\*EDIT**: ID statement, supporting historical events and exam findings]

This patient is critically ill due to \_[**\*\*\*Dropdown:** acute respiratory failure, status asthmaticus, acute cardiac failure, sepsis, acute hepatic failure, acute kidney injury]. Critical care interventions provided at the bedside or on the inpatient floor include: \_[ **\*\*\*Dropdown:** ventilator management, heated high flow nasal cannula management, BiPAP/CPAP management, continuous nebulized albuterol, management of cardiac drips, management of LVAD, review of blood gasses, review of radiographs, review of labs and/or cultures, management of enteral/parenteral nutrition, IV antibiotic therapy], continuous vital sign monitoring, close clinical monitoring under the direct supervision of a physician, and counseling caregivers about plan of care.

Plan: \_

Critical care time spent: \_[**\*\*\*EDIT:** type exact number, not “>30”] minutes

**Code: 99477, 99478, 99479, 99480**

**Description: Neonatal Intensive Care**

Attending note A/P (autotext “.dhmnic”)

\_[**\*\*\*EDIT**: ID statement, reason for hospitalization or event description]

This patient is acutely ill and requires intensive monitoring due to \_[**\*\*\*Dropdown:** neonatal fever, sepsis, hyperbilirubinemia, respiratory distress, acute respiratory failure, tachycardia, tachypnea]. Intensive care interventions provided include: \_[ **\*\*\*Dropdown:** supplemental oxygen, enteral nutrition, parenteral nutrition, IV antibiotic therapy, phototherapy, follow up of lab testing, follow up of cultures], frequent vital sign monitoring, and close clinical monitoring under the direct supervision of a physician.

Plan: \_

Attending attestation to resident note (autotext “.dhmnicattest”)

Hospital Medicine Attending Attestation

Date of Service: \_[**\*\*\*EDIT**]

I have personally seen and examined the patient today. I have reviewed the resident’s note and agree with the documented history and physical examination as being identical to my own (except as updated or modified below). I also agree with the resident’s documented plan, which I formulated together with the house staff on rounds today (except as updated or modified below).

­­\_[**\*\*\*EDIT**: ID statement, supporting historical events and exam findings]

This patient is acutely ill and requires intensive monitoring due to \_[**\*\*\*Dropdown:** neonatal fever, sepsis, hyperbilirubinemia, respiratory distress, acute respiratory failure, tachycardia, tachypnea]. Intensive care interventions provided include: \_[ **\*\*\*Dropdown:** supplemental oxygen, enteral nutrition, parenteral nutrition, IV antibiotic therapy, phototherapy, follow up of lab testing, follow up of cultures], frequent vital sign monitoring, and close clinical monitoring under the direct supervision of a physician.

Plan: \_