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CareEnhance® Review Manager

InterQual Criteria Book

InterQual Product Suite
InterQual clinical content can be delivered in a variety of ways to meet your healthcare organization’s needs. InterQual Criteria are available in the four formats below; they are also viewable via the InterQual Transparency Solution and InterQual Distributed Workflow, offerings that enable sharing the gold standard in evidence-based clinical decision support via Web portals.

For more information, please contact your McKesson Health Solutions Sales or Account Executive.
Book View
LOC: Acute Adult
Cardiovascular / Peripheral Vascular (Acute)

Level of Care Note:
 Instruction: This criteria subset covers patients with cardiac and/or peripheral vascular conditions in any acute care setting which can include a monitored bed. This criteria subset is appropriate to use when the patient is hemodynamically stable and any of the following apply:
- Prolonged monitoring
- Procedures requiring inpatient hospitalization
- Nursing interventions at least every 4 to 8 hours
- IV medications requiring hospitalization for initial therapy

In many hospitals, cardiac monitoring is available on a general medical-surgical floor (Acute Care). Patients who are hemodynamically stable, require interventions no more than every 4 to 8 hours, and not receiving any vasodilator agents are appropriate for telemetry monitoring at the acute care level.
Example
Software Format
Example Software Format
Example Software Format
Cardiovascular / Peripheral Vascular

**Instruction:** This criteria subset covers patients with cardiac and/or peripheral vascular conditions in any acute care setting which can include a monitored bed.
This criteria subset is appropriate to use when the patient is hemodynamically stable and any of the following apply:
- Post critical care monitoring
- Post weaning monitoring
- Procedures requiring inpatient hospitalization
- Nursing interventions at least every 4 to 8 hours
- IV medications requiring hospitalization for initial therapy

In many hospitals, cardiac monitoring is available on a general medical-surgical floor (Acute Care). Patients who are hemodynamically stable, require interventions no more than every 4 to 8 hours, and not receiving any vasoactive agents are appropriate for telemetry monitoring at the acute care level.

† Remainder of criteria truncated for illustration purposes.
Cardiovascular / Peripheral Vascular

SEVERITY OF ILLNESS
(Onset within 1 wk)
RULE: ≥ One SI

CLINICAL FINDINGS
DVT, ≥ one: (1, 2)
• Active bleeding / High risk of bleeding (3)
• Comorbid conditions necessitating hospitalization (4)
• Failure of OP treatment (5)†
Dyspnea and hemodynamically stable (systolic BP > 100), ≥ one: (G13, G22, G066, G9120)
• Heart rate 100-120/min
• O₂ sat < 89% (0.89) / Arterial Po₂ < 56 mmHg (7.5 kPa) †
Pericarditis, ≥ one:
• Anticoagulated (eg, warfarin) (90)†
Peripheral / Femoral pulse absent / decreased, ≥ one:
• Coldness / Mottling / Pallor / Numbness †
Syncope / Presyncope, ≥ one: (G10, G088, G136)
• Cardiovascular drug induced
• Known cardiac disease

IMAGING FINDINGS
Pericardial effusion
Peripheral artery occlusion †

LABORATORY FINDINGS
Blood Gases †

Chemistry
K < 2.5 mEq/L (2.5 mmol/L) w/o ECG changes
K > 6.0 mEq/L (6.0 mmol/L) w/o ECG changes †

† Remainder of criteria truncated for illustration purposes.
Cardiovascular / Peripheral Vascular

INTENSITY OF SERVICE
(At Least Daily)

RULE

ONE:

≥ One IS

≥ Three *IS and Discharge Review

(Excludes PO medications unless noted)

- Bicarbonate
- Cardiac glycosides (eg, digitalis)
- Cardiac monitoring ≤ 2d, ≥ one (11)
- Dyspnea (GC22, GC180)
- Ischemia  
- Chest tube, one: (GC19)
- Suction, continuous
- ▼ Q < 200 mL/d and discharge review (HC / SAC) (12, 13)
- Dopamine / Dobutamine / Milrinone / Amrinone, one: (14, GC22)
- Continuous infusion requiring infrequent titration  
- DVT treatment, one: (GC23)
- ▼ LMWH ≤ 3d  
- IV fluids ≥ 125 mL/h, ≥ one:
  - BUN:Creatinine (ratio) > 20  
- Kayexalate PO / PR and K > 6.0 mEq/L (6.0 mmol/L)
- KCl < 10 mEq/h / < 120 mEq/24h, one:  
  - Mechanical ventilation / NIPPV, one: (GO8)
  - Respiratory interventions 3-4x/24h, ≤ 3d (12)  
- Oxygen ≥ 40% (0.40) ≤ 2d (17, G103)
- PO medication adjustment ≤ 2d, ≥ two:
  - ACE inhibitors / Angiotensin II antagonists  
- Post critical care ≤ 24h
- Post ventilator weaning monitoring ≤ 24h (oximetry / ABG)
- Thrombolytics (19)

(Excludes PO medications unless noted)

- Analgesics ≥ 3x/24h / continuous
- Anticoagulants, therapeutic (21)
- Anticonvulsants
- Anti-emetics, one:
  - ≥ 3x/24h  
  - Serotonin antagonists q24h
  - Antihypertensives
  - Anti-infectives  

† Remainder of criteria truncated for illustration purposes.
| **ACUTE** | **DENIAL SCREENS**  
**At Least Last 12h**  
**RULE:** One: ALOC(27) |
|---|---|
| **ALOC**  
**Home / OP, both:**  
*Level of care appropriateness, all:*  
*Home environment safe and accessible*  
*Patient / Caregiver demonstrates ability to manage care* †  
*Clinical stability, ≥ one:*  
*Chest pain resolved, all:* (28)  
*Ambulating w/o pain last 24h*  
*Heart rate 50-100/min* †  
| **ALOC (Cont’d)**  
**Home Care, both:**  
*Level of care appropriateness, all:*  
*Home environment safe and accessible*  
*Clinical stability, all:*  
*Heart rate 50-100/min*  
*Neurologic stability (31)†*  
*Skilled treatment, ≥ one:*  
*Anticoagulant administration and teaching*  
*Chest tube to Heimlich valve (29)†*  
| **Skilled Medical, both:**  
*Level of care appropriateness, all:*  
*Hemodynamic and neurologic stability (31)*  
*Physician / NP / PA assessment / oversight ≥ 1x/wk†*  
*Skilled treatment, ≥ one:*  
*At least 1 respiratory intervention 7d/wk†*  
**Subacute Medical, both:**  
*Level of care appropriateness, all:*  
*Hemodynamic and neurologic stability (31)*  
*Physician / NP / PA assessment / oversight ≥ 2x/wk†*  
*Skilled treatment, ≥ one:*  
*≥ 2 respiratory interventions 7d/wk*  
*Chest tube to water seal (29)†*  
**Other ALOC (27)***  

† Remainder of criteria truncated for illustration purposes.
**Cardiovascular / Peripheral Vascular**

**NOTES**

1: Patients with DVT on low molecular weight heparin (LMWH), may be treated within one day at Observation level. During this time the patient and/or caregiver is taught how to administer LMWH and/or arrangements are made for home care services to continue teaching patient and/or caregiver home management. Safe discharge requires adequate follow-up care (e.g., laboratory monitoring, home care services, physician office visits).

2: In patients considered at low to moderate risk, a negative D-dimer safely rules out DVT/PE. Use of the D-dimer test reduces the use of repeat ultrasound studies in patients likely to have DVT/PE. D-dimer establishes a DVT/PE diagnosis in many of these patients (Fancher et al., Bmj 2004; 329(7470): 821; Wells et al., N Engl J Med 2003; 349(13): 1227-1233; Frost et al., Mayo Clin Proc 2003;78:1385-1391).

3: Patients at high risk for bleeding include those with thrombocytopenia, medication use affecting coagulation such as aspirin, coumadin, antiplatelet agents (ticlopidine, clopidogrel), or recent thrombolytics, coagulopathies, any history of bleeding diathesis, active malignancies, or a creatinine > 3 mg/dL.

4: Comorbid conditions which may result in hospitalization of patients with DVT include:
   - Liver disease
   - Major surgery or trauma within last month
   - Malignancy with current chemotherapy
   - Pregnancy
   - Renal dysfunction or hemodialysis dependent
   - Stroke within last 3 months †

† Remainder of criteria truncated for illustration purposes.
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  - Subacute & SNF
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