DOCUMENTATION

POCKET CARDS

KETTERING Health Network

AREAS FOR CLARIFICATION

- Multi-system organ failure: cannot code, need what organ and acute vs. chronic
- Malnutrition: dietitian note cannot be coded, need physician documentation of protein calorie malnutrition
- Fluid and electrolyte disorder: need physician documentation, lab work is not sufficient
- Present on admission guidelines: ensure that conditions that are present on admission (POA) are documented in such places as the history and physical or ED physician documentation
- Reason for intubation must be documented (i.e., to protect patient's airway, due to respiratory failure with clinical indicators included, etc.)
- Neuro patient with midline shift cannot be coded, need brain compression/ edema with specific location – cerebral edema

ASPEN MALNUTRITION CRITERIA

Identification and documentation of at least 2 of the following 6

- Insufficient energy intake
- Weight loss
- Loss of muscle mass
- Loss of subcutaneous fat
- Localized or generalized fluid accumulation may sometimes mask weight loss
- Diminished functional status as measured by hand grip strength

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METABOLIC/NUTRITIONAL/ENDOCRINE

NON-SPECIFIC	SPECIFIC
Failure to thrive	Malnutrition (mild, moderate, severe, protein-calorie)
Cachexia	BMI 40≥, BMI <19, Anorexia, Wt. Loss, Obesity, Morbid Obesity
Diabetes	DM Type 1/2, DKA and/or coma Link body system problems (i.e., DM w/peripheral neuropathy) Secondary DM (document cause)
↑ ↓ CO2	Alkalosis, Acidosis (Metabolic/Respiratory, Compensated)
↑ ↓ Na+	Hyper/Hyponatremia
↑ ↓ K+	Hypo/Hyperkalemia
	Tumor Lysis Syndrome
	Thyrotoxicosis

CLINICAL DOCUMENTATION TIPS

HOW TO AVOID A QUERY

Altered Mental Status- Include further specificity, such as: Delirium due to infection, medication, or disease process such as Dementia, Dementia with Behavioral disturbance, Encephalopathy (Metabolic, Hepatic, Septic, etc.), adverse effect of medication

Diabetes- Include conditions associated with diabetes, such as: Diabetic PVD, Diabetic Nephropathy, Diabetic Gangrene, Diabetic Ulcers (include if from diabetic neuropathy or diabetic PVD), Diabetic gastroparesis.

Present on Admission or Hospital Acquired- Include if a condition was likely present at the time of admission, such as: Sepsis, Foley associated UTI, Pneumonia, Line Sepsis (clarify if line sepsis is localized at the insertion site or generalized sepsis related to the device)

Sharp Debridement- Include further specificity of the type of debridement and deepest layer of tissue debrided, such as: Excisional or non-excisional. Depth: Skin, Subcutaneous, Soft tissue, Muscle, Bone, etc.

Lab and imaging findings- Include any diagnosis that correlates with lab and imaging findings based on your clinical opinion

Link cause and effect of conditions named as diagnosis to devices, organism, late effect, or other diagnosis you suspect as underlying cause.

Symptom is admitting diagnosis- Include the underlying cause of the symptom. Probable, likely, suspected, or not able to determine are acceptable to use. However, diagnoses listed as probable, likely, or suspected must be documented with the **discharge summary** in order to be final coded.

HOW TO AVOID A QUERY

CHF- Include type and acuity of CHF, such as: Systolic, Diastolic, or combined Systolic and Diastolic, and Acute, Chronic, Acute on Chronic, Compensated, Decompensated

Anemia- Include type: Anemia of chronic disease (include chronic disease, like CKD, cancer, etc.), Acute blood loss anemia, Chronic blood loss anemia, post-surgical blood loss anemia, Iron deficiency, etc.

Renal function- Acute vs. Chronic. Also include clinical indicators

CKD- Include stage of CKD: 1, 2, 3, 4, 5 or ESRD.

Acute renal diagnoses- Such as: ARF, AKI, ATN, AIN, other specificity

Respiratory Failure- Include acuity: Acute, Chronic, or Acute on Chronic. Also include: Respiratory acidosis, alkalosis, hypercapnia, and/or hypoxic. Clinical indicators must be used.. Avoid terms "insufficiency" because considered vague terminology

Pneumonia- Include type of PNA: Aspiration, Gram-negative, Gram-positive, fungal, bacterial (include bacteria suspected). Avoid terms like CAP, HAP, HCAP, Atypical, Multifocal because considered vague terminology

Urosepsis- Include whether this means simple UTI or if patient has sepsis from a urinary source infection

Malnutrition- Include severity and type: Mild, Moderate, or Severe and, Protein-Calorie, Protein only, or Calorie only

Ulcer- Include type of ulcer, such as: Decubitus, Diabetic, Vascular, Neuropathic, other. Include site(s) of ulcer(s) and if ulcer(s) was present on admission

RENAL

NON-SPECIFIC	SPECIFIC
Renal Insufficiency (Acute or Chronic) Azotemia Rehydrate ↑ BUN ↑ Creat	Acute Renal Failure Acute Renal Failure with ATN CKD (Stage 1-5) ESRD Acute Nephritis Volume Depletion/Dehydration

CKD Stage	1	2	3	4	5
eGFR	>90	60-89	30-59	15-29	<15

RESPIRATORY

NON-SPECIFIC	SPECIFIC
Resp Insufficiency	Acute Resp Failure w/Clinical Indicators
Resp Distress	A/C Resp Failure
COPD	Chronic Resp Failure (consider in patients w/ESCOPD, Home O2 or Vent Dependent)
Tachypnea, Dyspnea	COPD w/ exacerbation
BIPAP Use	Pneumonia (type if suspected or known)
Intubate	Acute Pulmonary Edema
Diurese	Acute Cor Pulmonale
Infiltrate	Heart Failure: Acute/Chronic & Systolic, Diastolic or Combined
	Pneumonia

SYNCOPE

NON-SPECIFIC	SPECIFIC
Syncope	Be sure to document suspected cause (if more than one suspected use "and" instead of "vs.") Some suspected causes are: Carotid Stenosis, Cerebral or Pre-cerebral stenosis or occlusion Cardiac Arrhythmia Anemia (include type) Heart Block, 2nd degree or 3rd degree Dehydration/Ac. Renal Failure/Electrolyte Imbalance Must use "due to" in order to be coded

SKIN

NON-SPECIFIC	SPECIFIC
Pressure Ulcer	Document stage (I-IV)
Wound	Pressure Ulcer
	Ulcer- Type (vascular, arterial, diabetic, gangrene, etc.)
Reddened Area (perineal, folds)	Cellulitis
	Osteomyelitis
	Candida, Yeast

GI

NON-SPECIFIC	SPECIFIC
GI Bleed	Specify location of bleed Bleeding ulcer Acute Gastritis
Abd Pain	Document suspected cause
Pancreatitis	Document Acute, Chronic or A/C
Hepatitis	Document Acute, Chronic or A/C

SEPSIS

NON-SPECIFIC	SPECIFIC
Bacteremia	SIRS Sepsis Severe Sepsis Septic Shock
Urosepsis	Organism being treated/covered

CARDIOVASCULAR

NON-SPECIFIC	SPECIFIC
CHF	Chronic | Acute | A/C & Systolic | Diastolic | Combined Left Heart Failure Acute Cor Pulmonale
HTN Urgency	NSTEMI, STEMI, AMI (document cause of chest pain) GERD, Reflux, Esophageal Spasm
HTN	Anemia
Chest Pain (symptom)	Pulmonary Embolus (document if acute or chronic)
ACS	Atrial Fib, V Tach, V Fib

NEUROLOGICAL

NON-SPECIFIC	SPECIFIC
Avoid TIA/CVA; TIA vs. CVA documentation	Instead rule out CVA, use unable to rule out or ruled out; document when confirmed. Avoid using vs. in diagnostic statements if cause can be determined
Unresponsive	Anoxic Brain Injury, Coma CVA in infarct
Seizure	Specify type of seizure (grand mal, focal, petit mal, post traumatic, etc.)
AMS	Acute Delirium, UTI, Infection Encephalopathy
Dementia	Document type of dementia

BLOOD

NON-SPECIFIC	SPECIFIC
Anemia	Specify type of anemia (acute blood loss, iron def., chronic blood loss, etc.) Precipitous drop in HCT
Pancytopenia	Pancytopenia due to chemo or other drug

CVA LATE EFFECTS

NON-SPECIFIC	SPECIFIC
CVA Residuals	Aphasia, Dysphasia, Dysarthria, Ataxia
L/R Sided Weakness	Hemiparesis/ Hemiplegia - Right or Left Lower/Upper Extremity