Heart Failure: Always document if it is acute, chronic, or acute on chronic (exacerbation). Always document if it is systolic, diastolic, or systolic and diastolic.

- Systolic: can’t pump; EF < ~50
- Diastolic: can’t fill; EF > ~50

Cardiogenic pulmonary edema = heart failure

Symptoms: Try to link to a diagnosis, whether confirmed or suspected. Avoid linking to comparing/contrasting diagnoses—this will lead to the symptom being coded instead of the diagnoses.

Respiratory Failure: Should document evidence of increased work of breathing! Mechanical vent not required, but if patient is on a vent, most likely in acute respiratory failure! Consider when pt hypoxemic, hypercapneic, tachypneic, acidotic. Don’t document respiratory failure in patient weaning normally after surgery.

SEPSIS/SIRS: SIRS = 2+ findings due to inflammatory process:

- T > 100.4 or < 98.6
- WBC >12000 or <4000 or bands > 10%
- HR > 90
- RR > 20 or PaCO2 > 32
- Hypotension, AMS, hyperglycemia in non-diabetic, oliguria
- Elevated CRP or procalcitonin, coagulopathies, ileus
- Hyperlactatemia, + fluid balance
  - Sepsis = SIRS due to infection
  - Bacteremia = nonspecific lab finding
  - Severe sepsis = sepsis with acute organ dysfunction (must link sepsis to dysfunction)
  - Septic shock = severe sepsis with hypotension and CV collapse
- Urosepsis = UTI without sepsis—DON’T WRITE UROSEPSIS!

Renal Disease: Document the stage of CKD per QODI Guidelines.

- CKD = kidney damage or GFR < 60 x 3+ months
- Stage I – Kidney damage with normal kidney function- GFR > 90
- Stage II – Kidney damage with mildly decreased kidney function- GFR 60–90
- Stage III – moderately decreased kidney function- GFR 30–59
- Stage IV – severely decreased kidney function- GFR 15–29
- Stage V – Kidney Failure- GFR < 15

Renal Failure: Renal insufficiency is insufficient. If you document acute renal insufficiency when your patient is in acute renal failure, you will not capture severity of illness! Please consider RIFLE or AKIN criteria for acute kidney injury.

<table>
<thead>
<tr>
<th>Risk</th>
<th>Increase in serum creatinine &gt; 1.5x baseline or decrease in GFR ≥ 25%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injury</td>
<td>Increase in serum creatinine &gt; 3.0x baseline or decrease in GFR ≥ 25%</td>
</tr>
<tr>
<td>Failure</td>
<td>Increase in serum creatinine &gt; 3.0x baseline or decrease in GFR ≥ 75%, or serum creatinine of ≥ 4 mg/dl with acute rise ≥ 0.5 mg/dl</td>
</tr>
<tr>
<td>Loss</td>
<td>Persistent acute renal failure = complete loss of kidney function &gt; 4 weeks</td>
</tr>
<tr>
<td>End-stage kidney disease</td>
<td>End-stage kidney disease &gt; 3 months</td>
</tr>
</tbody>
</table>

Acute kidney injury and acute renal failure can be documented interchangeably. Don’t abbreviate “AKI” as it can mean insufficiency.

Clinical Documentation

Physician Tips

- Always document the reason for admission, including possible or suspected diagnoses.
- Always document the disposition of each diagnosis, whether confirmed, ruled out, remains possible, etc.
- Always carry through to the discharge summary diagnoses that have not been ruled out.
- Always document all conditions that affect the patient’s stay, including chronic conditions for which medications have been ordered.
- Always document adherence to core measures and quality standards.

Present on Admission (POA):

- Ulcers: identify type, location, and stage
- Sepsis if identified after study and not noted on admission
- Catheter-associated UTI, central line associated bloodstream infection
- Deep vein thrombosis
- If currently treating a condition, document it as current and not just “history of”

Link!!

- Link conditions to underlying cause
- Link infections to organisms
### Neurology

**Instead of...**
- Altered mental status
- Mass effect
- Left or right sided weakness
- TIA

**think about documenting:**
- Metabolic encephalopathy
- Drug-induced delirium
- Dementia with delirium
- Cerebral edema
- Brain compression
- Left or right sided hemiparesis/hemiplegia, dominant/nondominant
- Cerebral thrombus/embolus without infarct

### Cardiology

**Instead of...**
- CHF
- ACS
- Cardiomyopathy
- Troponin leak
- Chest pain
- Syncope

**think about documenting:**
- Acute (systolic, diastolic) heart failure
- Chronic (systolic, diastolic) heart failure
- Acute on chronic (exacerbation or decompensated is ok) (systolic, diastolic) heart failure
- NSTEMI
- Unstable angina
- If there is a component of heart failure
- NSTEMI, demand ischemia
- Source of leak
- Suspected or known cause
- Suspected or known cause
- If there is a component of heart failure

### Pulmonary

**Instead of...**
- Respiratory distress/hypoxia/SOB
- Pneumonia CAP, HAP, or HCAP
- Pulmonary edema
- GI/GU

**think about documenting:**
- Respiratory failure (specify acute or chronic), with or without hypoxia/hypercapnia
- Type of pneumonia
- Known or suspected organism
- Acute pulmonary edema
- If cardiogenic, document heart failure (see heart failure tips)

### GI/GU

**Instead of...**
- Urosepsis
- Renal insufficiency
- + UA
- GI bleed

**think about documenting:**
- Sepsis due to UTI
- UTI (if no sepsis)
- ARF/AKI (if acute)
- CKD with stage (if chronic)
- UTI
- Catheter-associated infection
- GI bleed linked to specific cause

### Metabolic

**Instead of...**
- Cachexia, wt loss, muscle wasting
- IDDM or NIDDM
- Fluid overload

**think about documenting:**
- Malnutrition—mild, moderate or severe
- Type 1 or Type 2, out of control, poorly or inadequately controlled
- Any link between DM and PVD, osteomyelitis, gastroparesis, retinopathy, neuropathy, ulcers, etc.
- Heart failure (see heart failure tips)

### Integumentary

**Instead of...**
- I&D
- Pressure ulcer

**think about documenting:**
- Debridement: excisional or nonexcisional
- Include instruments used, tissue debrided, depth reached
- Location and stage

### Hepatobiliary

**Instead of...**
- Obstructive jaundice

**think about documenting:**
- Bile duct obstruction
- Type and acuity

### Hematology/Oncology

**Instead of...**
- Leukopenia, thrombocytopenia & anemia in pt on chemo
- Anemia
- A few last words:

**think about documenting:**
- Pancytopenia due to medications
- Anemia of acute/chronic blood loss
- Anemia due to chemotherapy
- Anemia of chronic disease
- Anemia due to (specified) nutritional deficit

**A few last words:**

- **Acuity:** If it can be described as acute, chronic, or acute on chronic, please do so.
- **Laterality:** If it can be described as left, right or bilateral, please do so.
- **Specificity:** If a site can be described down to a more exact location, please do so. If a condition can be described with more details, please do so.

Thanks!

Adapted from Valley Medical Ctr, Renton, WA