Documentation Tips - 2017

KEY "Cardiology" Diagnoses/Tips:

- **Never Admit a Pt. for Chest Pain or R/O MI** *Work-up Short-Stay CP patients In Observation;*
- **Acute Coronary Syndr: =** *Unstable Angina; Troponins (-) ≠ Switch to GERD or Atypical CP*
- **Acute MI:** *Specify N / STEMI + Vessels/Wall(s);* ***"Subsequent MI"*** *= An MI w/i 28 days of prior MI; Specify MI damage: pap. muscles, septal defects; Acute MI = Acute for 28 days; Look for CHF;* ***"Aborted MI"****, If an intervention prevented Injury;*
- **Arrhythmias:** *Specify Type(s), Events, Causes;*
- **A-Fib:** *Paroxysmal vs Persistent vs Permanent;*
- **Cardiac vs Resp. Arrest:** *Specify / ID Cause If both occur, can you presume the order of arrests…? e.g. "…[X] arrest due to [Y], followed by [Z] arrest…";*
- **Cardiac Demand Ischemia:** *Specify Cause; If use term MI-Type 2, Must Specify N / STEMI;*
- **Shock:** *Specify Type; ID cause; Lactate Levels; Include: Post-Procedure, -Anesthesia, -Trauma, Septic, Hypovolemic, Cardiogenic, Neurogenic;*
- **CHF:** Specify Acute vs. Chronic + HF Type: *Syst.=HF reduced EF / Diast.=HF Preserved EF / Combined; Also ID any* ***"Acute Pulm. Edema"***
- **BMI: Specify #** *(If ≥40→* ***"Morbid Obesity"****)*
- **Malnutrition:** *Make Clin. Dx;* ***"Cachexia?"*** *& Consult Dietician to use special criteria to differentiate Mild vs. Moderate vs. Severe;*