

# Documentation Tips - 2017

## KEY “ED/ICU” Diagnoses/Tips:

- **BMI:** Specify # (If  $\geq 40 \rightarrow$  “**Morbid Obesity**”) (Increased Risk for Diabetic/Pulmonary issues)
- **Malnutrition:** Make Clin. Dx; “**Cachexia?**” & Consult Dietician to use special criteria to differentiate Mild vs. Moderate vs. Severe;
- **Acidosis/Alkalosis:** Specify Resp/Met/Mixed
- **Anemia:** Specify Type & Suspected Cause; ID “**Aplastic Anemia**”, “**d/t Bone Marrow Fail**” and also “**Pancytopenia d/t Chemotherapy**”;
- **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...”;
- **Dialysis:** Note any Pre-Adm. Non-Compliance;
- **Infections:** Specify If ostomy-related / POA; (Specify if “**Bacterial**”, “**Gram Neg**”; +Add Site) “**FUO**”  $\rightarrow$  “Fever presumed d/t bacter. infection”
- **Shock:** Specify Type / ID cause; ID Vasc. Include: Post-Procedure, -Anesthesia, -Trauma, Septic, Hypovolemic, Cardiogenic, Neurogenic;
- **Shock (Anaphylactic):** ID presumed Cause;
- **Elective Intubation:** (e.g. Airway Protection)  $\neq$  Resp. Failure; Use Coma or ID underlying Dx;
- **Prolonged Intubation:** For Safety/Convenience is NOT Acute Resp. Failure; Bill for Vent Mgmt.
- **ARDS:** ID-- SIRS-Sepsis-Shock & Resp. Acidosis **CAP**  $\rightarrow$  “(Presumed/Unspec.) Bact. Pneumonia”