

Documentation Tips - 2017

KEY “Gastroenterology” Diagnoses/Tips:

- **BMI:** Specify # (If $\geq 40 \rightarrow$ “**Morbid Obesity**”) (Increased Risk for Diabetic/Gall Bladder issues)
- **Malnutrition:** Make Clin. Dx; “**Cachexia?**” & Consult Dietician to use special criteria to differentiate Mild vs. Moderate vs. Severe;
- **Acute Blood Loss Anemia:** Specify Cause; or Specify d/t underlying Dx, medication, or “As expected” w/ a normally bloody proced.;
- **Pancreatitis:** Specify Acute/Chronic + Etiol. +/- Necrosis, +/- SIRS or any Organ Dysfxn;
- **Cirrhosis:** Specify if Alcoholism +/- Ascites; Also ID Necrosis, +/- SIRS or any Organ Dysfxn;
- **Infections:** Specify If ostomy-related / POA; (Specify if “**Bacterial**”, “**Gram Neg**”; +Add Site)
- **Peritonitis:** Note--- “Rebound Tenderness” + “Rigid Abdomen” do NOT capture Severity;
- **Enteritis:** Specify Site + Radiation, Toxin, or Other; e.g. “**Bacterial**”, “**Viral**”, “**Parasitic**” etc.
- **GI Bleed:** Specify Acute/Chronic + Etiol./Site; Significant Loss: Acute Blood Loss Anemia d/t...
- **GI Injury:** Specify Site(s) + Cause; Include: Perforation, Gangrene, Ischemia, Infarction, etc.
- **GI Abscess:** Specify Site(s) +/- Bleeding;
- **Cysts, Obstructions, Stones, Fistulas etc.**

Scoping: Specify Extent & all sites Treated/Biopsied;