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Medical Necessity: *No admission for Sxs…*

- *(No Dx? "Place" pt. in "Observation" for work-up…)*
- If a presumptive care plan → "Admit for": Presumptive, Probable, Likely, Suspected Dx;
- *Avoid term "R/O"; "Possible"=Too Uncertain;*
- A Diff. Dx List--- Must have ONE Probable Dx;
    - *WHAT specific inpt. care does a pt. need?*
    - *WHY does a pt. need care In a Hospital?*
    - *RISKS & DANGERS, If a pt. is sent home;*

Specify "Manifestations" of common Dxs

- Acute Resp Fail. d/t Pneumonia; or Sepsis d/t Cellulitis; or Acute Kidney Inj. d/t Sev. Dehydration;

The **Initial** Documentation of a Dx must have:

- *The Clinical Criteria -or- Your Clinical Assessment;*
- Specify ALL acute/chronic + med./surg. Dxs, *If **M**onitored, **E**ducated on, **A**ssessed -or- **T**reated*
- Avoid term "History Of" for ongoing Med. Dxs; *("H/O" is to be used for "resolved" Dxs--- ONLY…!)*
- *No "Active" Dxs in PMH / Put in Assessment/Plan;*

ID all "POA" ("Present of Admission") Dxs

- *ID all POA injuries, disabilities, DVT/PE*
- *Skin Ulcers, Poor Glycemic Control, MRSA/C-Diff;*

ID Infection Sxs: At IV Catheter & Surg. Sites;

- Consider checking UA, if Pt has Urinary Catheter;
- *(Recent h/o Urinary Straight Caths--- UA needed?)*

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Common Never-Miss Dxs (CCs/MCCs/HCCs)

Encephalopathy ← ~~*"Altered Mental Status"…*~~

(Specify: "Type", Etiology & Treatment Plan)

- Metabolic *(Uremia, electrolytes, sugars, etc.) (Also: Septic – ID known/presumed infection)*
- Toxic *(Specify Toxin, Medicine or Chemical) (Separate from "Coma" (= Glasgow Scale), "Intoxication" and "Anoxic Brain Damage")*
- Multifactorial (List major "suspected" causes)
- Also: "Hypertensive", "Wernicke's" *(Thiamine)*
- Hepatic = "Subacute Liver Failure" +/- "Coma"

Acute Respiratory Failure (Mod.-Sev. SOB)

(No Vent Needed; Never Say, "Resp. Distress"…)
(Specify: "Hypoxic" vs. "Hypercapnic" [or BOTH])

Chronic Respiratory Failure (= Home O_2)

(No Ventilator Needed; 24/7 Home O_2 *Required)*

Acute Kidney Injury (AKI= Acute Renal Failure)

(No Dialysis Needed; Never Say "Insufficiency"…)

- KDIGO Criteria for AKI – 2012
  - ***Urine Volume <0.5 ml/kg/h*** *(for 6+ hours); -OR-*
  - ***Incr. in SCr by >0.3 mg/dl*** *(w/i 48 hours); -OR*
  - ***Incr. in SCr to >1.5 x baseline*** *(w/i 7 days)*

*** ID any ATN or Cort. Necrosis, if AKI = Severe ***

Chronic Kidney Disease *(ID Stage* from **GFR**) *1=GFR**>90**, 2=**60-89**; 3=**30-59**; 4=**15-30**; 5=**<15** (If stage 5 patient is on Dialysis* → ***Write "ESRD"***

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"SIRS" *(Systemic Inflam. Resp. Syndrome):*

<u>Criteria = 2 of the 4 below (d/t a "SIRS condition")</u>

- ***Temp*** *>38°C (100.4°F) or <36°C (96.8°F)*
- ***WBC*** *>12K or* ***WBC*** *<4K or* ***Bands*** *>10%*
- ***Resp. Rate*** *>20 or* ***PaCO2*** *<32mm*
- ***Heart Rate*** *>90*

- <u>SIRS conditions:</u> *(Systemic Inflammatory Response Syndrome. Medscape – eMedicine: 2014 Kaplan et al.)*

Adrenal insufficiency
Autoimmune Dxs
Acute Cirrhosis
Erythema multiforme
Hematol. Malignancy
Hemorrhagic shock
Myocardial infarction
Acute Pancreatitis
Seizures (convulsive)
Transfusion reactions
Upper GI bleeding
<u>Cutaneous Vasculitis</u>
Acute mesent. ischemia
Chemical aspiration
Electrical injuries
Intestinal perforation
Toxic epider. necrolysis
[D/t Infection → "Sepsis"]

"<u>Sepsis d/t *[Known or Presumed]* Infection</u>…"

- ICD-10: ~~SIRS d/t Infect.~~ → *Must Write **"<u>Sepsis</u>"***
- SIRS-Sepsis ***<u>+ Org Dysfxn</u>*** *=* ***"<u>Severe Sepsis</u>"***
- **SOFA**-Sepsis = ***"<u>Severe Sepsis</u>"*** *(for ICD-10)*

<u>Diabetes</u>: Specify Type I, II or Rx/Medical Cause;

<u>Skin Ulcer</u>: Consult Wound Care to document/Rx;

<u>Acute/Chron. Disabilities</u>: Causes, +/- Complete; *([Fxnl?]*

- *Quadri-, Para-, Hemi-, Di- Plegia / Paresis, Specify Laterality/Dominance – Default = R. Sided)*

Respond to All CDI Team Requests w/i 24hrs…!

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KEY "General Surgery" Diagnoses/Tips:

- **<u>BMI</u>: Specify #** *(If ≥40→"**<u>Morbid Obesity</u>**") (Increased Risk for Wound Dehiscence, etc.)*
- **<u>Malnutrition</u>:** *Make Clin. Dx; "**<u>Cachexia</u>?**" & Consult Dietician to use special criteria to differentiate <u>Mild</u> vs. <u>Moderate</u> vs. <u>Severe</u>;*
- **<u>Wound Dehiscence</u>:** *Specify if it was POA;*
- **<u>Peritonitis</u>:** *Note--- "Rebound Tenderness" + "Rigid Abdomen" do NOT capture Severity;*
- **<u>Infections</u>:** *Specify If surgery-related / POA; (Specify if **"Bacterial"**, **"Gram Neg"; +**<u>Add Site</u>)*
- **<u>Acute Blood Loss Anemia</u>:** *Specify Cause; or Specify d/t underlying Dx, medication, or "As expected" w/ a normally bloody proced.;*
- **<u>Caution w/ the term "Post-Op" + [Dx]</u>:** Which may trigger a "complication" code; *(Explain causes of new Dxs, esp. if they are an exacerbation of an underlying Acute/Chronic Dx)*
- **<u>Adhesiolysis</u>:** *Specify Site, Reason & Time;*
- **<u>Debridement</u>:** *Specify, If **"<u>Excisional</u>"** + <u>Instruments</u>* used, *<u>Nature of Tissue Removed</u>, <u>Appearance</u>, <u>Wound Size</u>, <u>Debridement Depth</u>…*

<u>Use Anesthesia & Medicine Consult Notes</u>: ID all acute/chronic Med Dxs in Post-Op Note; *(Include All Surg & <u>Med</u> Dxs in your DC summary)*

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KEY “Trauma/Surg Spec” Diagnoses/Tips:

- **Arrests / Shock / Arrhythmias:** *Specify Type;*
- **Coma / Unconsciousness:** *Specify **LOC** time; Specify **“Brain Compress.”, “Cerebral Edema”**, and also Traumatic vs Non-Traumatic Brain Injuries, etc.*
- **Fracture:** *Type, Specific Site(s), Laterality, Displaced vs Nondispl., Closed vs Open;*
- **Acute Blood Loss Anemia:** *Specify Cause; or Specify d/t underlying Dx, medication, or “As expected” w/ a normally bloody proced.;*
- **Caution w/ the term “Post-Op” + a [Dx]:** Which may trigger the code for a “complication”; *(Explain causes of new Dxs, esp. if they are an exacerbation of an underlying Acute/Chronic Dx)*
- **Peritonitis:** *Note: “Rebound Tenderness” + “Rigid Abdomen” do NOT capture Severity;*
- **Infections:** *Specify If surgery-related / POA; (Specify if **“Bacterial”, “Gram Neg”**; +Add Site)*
- **Debridement:** *Specify, If **“Excisional”** + Instruments* used, *Nature of Tissue Removed, Appearance, Wound Size, Debridement Depth…*
- ***Also:*** **BMI, Malnutrition, Cachexia, M-Obesity All Acute & Chronic Medical Dxs, Disabilities**;

Use Anesthesia & Medicine Consult Notes: ID all acute/chronic Med Dxs in first Post-Op Note; *(Include All Surg & Med Dxs in your DC summary)*

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KEY "Anesthesia" Diagnoses/Tips:

- **<u>BMI</u>: Specify #** *(If ≥40→* ***"<u>Morbid Obesity</u>"****)* *(Increased Risk for Sleep Apnea, Resp. Failure)*
- **<u>Wound Dehiscence</u>:** *Specify if it was POA;*
- **<u>Malnutrition</u>:** *Make Clin. Dx;* ***"Cachexia?"***
- **<u>Asp. Pneumonia = Inhalational Pneumonitis</u>:** *Specify Food/Vomit, Other; Anesthesia Related?*
- **<u>Infections</u>:** *Specify If surgery-related / POA; (Specify if* ***"Bacterial"****,* ***"Gram Neg"****; +<u>Add Site</u>)*
- **<u>Caution w/ the term "Post-Op" + a [Dx]</u>:** Which may trigger a "complication" code; *(Explain causes of new Dxs, esp. if they are an exacerbation of an underlying Acute/Chronic Dx)*
- **<u>Elective Intubation</u>:** *(e.g. Airway Protection) ≠ Resp. Failure; Use Coma or ID underlying Dx;*
- **<u>Prolonged Intubation</u>:** *For Safety/Convenience is NOT Acute Resp. Failure; Bill for Vent Mgmt.*
- **<u>Post-Proc. Acute Resp. Fail</u>.:** *(complication) (Required New or Re-Intubation or Vent >96hrs)*
- **<u>Post-Proc. Acute Pulmonary Insufficiency</u>:** *(Pt. was managed w/o New or Re-Intubation)*

<u>ID **POA** "Non-Compliance" / "Control Issues"</u> *AntiCoag-Cardiac-Pulmonary-Renal-Diabetic Rxs or Dialysis, PLUS <u>any Past Anesthesia / Surgery,</u> <u>Vent Weaning</u>, <u>Blood Trans</u>, <u>Wound Healing issues</u> and all potential causes for post-op complications…*

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KEY "Pulmonary" Diagnoses/Tips:

- **<u>BMI</u>: Specify #** *(If ≥40→"**<u>Morbid Obesity</u>**") (Increased Risk for Sleep Apnea, Resp. Failure)*
- **<u>Malnutrition</u>:** *Make Clin. Dx; **"Cachexia?"** & Consult Dietician to use special criteria to differentiate <u>Mild</u> vs. <u>Moderate</u> vs. <u>Severe</u>;*
- **<u>Infections</u>:** *Specify If surgery-related / POA; (Specify if **"Bacterial"**, **"Gram Neg";** +<u>Add Site</u>)*
- **<u>Pneumonia</u>:** *Never--- CAP/HCAP, Specify: **"Bacterial"**, **"Gram-Neg."**, **"MRSA"**, **"Viral"**, etc. [or provide Specific or Type of Microbe]*
- **<u>COPD/Asthma/Bronchitis Exacerbation</u>:** *Specify any Lower Resp Infections, ALSO;*
- **<u>Caution w/ the term "Post-Op" + a [Dx]</u>:** Which may trigger the code for a "complication"; *(Explain causes of new Dxs, esp. if they are an exacerbation of an underlying Acute/Chronic Dx)*
- **<u>Elective Intubation</u>:** *(e.g. Airway Protection) ≠ Resp. Failure; Use Coma or ID underlying Dx;*
- **<u>Prolonged Intubation</u>:** *For Safety/Convenience is NOT Acute Resp. Failure; Bill for Vent. Mgmt.*
- **<u>Post-Proc. Acute Resp. Fail.</u>:** *(complication) (Required New or Re-Intubation or Vent >96hrs)*
- **<u>Post-Proc. Acute Pulmonary Insufficiency</u>:** *(Pt. was managed w/o New or Re-Intubation)*

<u>Scoping</u>: Specify Extent & All sites Treated/Biopsied;

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KEY "Gastroenterology" Diagnoses/Tips:

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

<u>Scoping</u>: Specify Extent & all sites Treated/Biopsied;

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KEY "Medicine" Diagnoses/Tips:

- **BMI: Specify #** *(If ≥40→**"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 an underlying Dx, medication, or "As expected" w/ a normally bloody procedure;*
- **Cerebral Edema:** *d/t CVA, DKA, SIADH, etc.*;
- **Infections:** Specify If ostomy-related / POA; *(Specify if **"Bacterial"**, **"Gram Neg"**; +Add Site)* ~~*"FUO"*~~ → *"Fever presumed d/t bacter. infection"*
- **Asp. Pneumonia = Inhalational Pneumonitis:** *Specify Food/Vomit vs. Oils, Gasoline, etc.*
- **Delirium:** *ID underlying Dx (withdrawal, fever); e.g. "…Delirium d/t Dementia…" = Sundowning;*
- **Dementia:** *Specify if any Aggressive Behavior; ID Vasc. (Multi-infarct) vs. Non Vasc. (Alzheimer); ID if d/t Alcohol/Drug Use/Abuse +/- Dependence;*
- **Alcohol/Drug Use, Abuse vs Dependence:** *ID W/drawal, Delirium, Delusions, Hallucinations;*
- **Anemia:** *Specify Type & Suspected Cause; ID **"Aplastic Anemia"**, **"d/t Bone Marrow Fail"** and also **"Pancytopenia d/t Chemotherapy"**;*
- **DVT:** Specify (Sub) Acute **/** Chronic (>28 days); Term "Hx Of" Means DVT/PE is fully resolved…

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KEY "ED/ICU" Diagnoses/Tips:

- **BMI: Specify #** *(If ≥40→**"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"~~ → "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) ≠ 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~~** → *"(Presumed/Unspec.) Bact. Pneumonia"*

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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;*

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KEY "Neurology" Diagnoses/Tips:

- **Syncope:** *Consider pt. work-up in Observation; ID presumed Cause: Hypovolemia, Dysrhythmia, Carotid Sinus Hypersensitivity, Overdose, etc.*
- **Epilepsy:** *Specify Type: +/- Status Epilepticus, +/- intractable, Juvenile, Absence, Myoclonic, Localized vs. Generalized (idiopathic), etc.*
- **Seizures:** *Specify Type + Presumed Cause: esp. if d/t Brain Mets, CVA sequela, cerebritis, etc.*
- **Stroke/CVA:** *Specify Type + Arteries Involved; Embolic vs Infarct vs Bleeding +* ***Add Laterality****; Specify All Deficits: Aphasia, Dysarthria, Diplopia; Palsies, [-paresis/-plegia (Laterality / Dominance]*
- **Cerebral Edema:** *d/t CVA, DKA, SIADH, etc.*;
- **Coma / Unconsciousness:** *Specify* ***LOC*** *time and use* ***Glasgow Scale****; Specify if in* ***Palliative Care****; Specify* ***"Brain Compress.", Brain Injury TYPE,*** *etc.*
- **Infections:** Specify If ostomy-related / POA; *(Specify if* ***"Bacterial", "Gram Neg";*** *+Add Site)*
- **Delirium:** *ID underlying Dx (w/drawal, intoxic.); e.g.* ***"Delirium d/t Dementia"*** *=* ***"Sundowning"****;*
- **Dementia:** *Specify if any Aggressive Behavior; ID Vasc. (Multi-infarct) vs. Non Vasc. (Alzheimer); ID if d/t Alcohol/Drug use/abuse +/- Dependence;*
- **BMI: Specify #** *(If ≥40→****"Morbid Obesity"****)*
- **Malnutrition:** *Make Clin. Dx;* ***"Cachexia?"*** *Dietician: for Mild vs. Moderate vs. Severe;*

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