

# Documentation Tips - 2017

## KEY “Medicine” 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 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**”  $\rightarrow$  “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...