

Documentation Tips - 2017

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 $\geq 40 \rightarrow$ “**Morbid Obesity**”)
- **Malnutrition:** Make Clin. Dx; “**Cachexia?**”
Dietician: for Mild vs. Moderate vs. Severe;