

Documentation Tips - 2017

Common Never-Miss Dx's (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 O₂)

(No Ventilator Needed; 24/7 Home O₂ 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”