



CDI Documentation Tip Sheet

<div data-bbox="61 128 194 241"></div> <p><u>Acuity of Conditions</u></p> <p>(Acute, Chronic, Acute on Chronic)</p> <ul style="list-style-type: none"> • Acute Osteomyelitis / Chronic Osteomyelitis • Acute peritonitis • Acute GI hemorrhage (tell us cause if known: 2/2 duodenal ulcer, gastric ulcer, diverticulitis, esophageal varices etc) • Acute Bronchitis / Chronic Bronchitis • Acute, Acute on chronic, Chronic Pancreatitis (tell us if due to alcohol use, gallstones etc) • Acute Diverticulitis (tell us if of small, large intestine or both). Is it with perforation and/or abscess? • Acute, Acute on Chronic, Chronic respiratory failure (tell us type: hypoxic, hypercapnic) • Acute, Acute on Chronic, Chronic CHF (must specify type: <u>preserved EF, Reduced EF, Diastolic, Systolic</u>) 	<p><u>Diabetes Mellitus</u></p> <ul style="list-style-type: none"> • Is it Type 1 or Type 2 • Uncontrolled does not code to anything! • Must specify if with hyperglycemia or hypoglycemia • If altered mental status due to hypoglycemia, document acute metabolic encephalopathy due to hypoglycemia. Carry through in daily progress notes and DC Summary and document as resolved when applicable • Tell us any manifestations: ie. PAD, <u>diabetic ulcers</u> (do not stage! <u>Tell us level of involvement ie:</u> skin breakdown only, exposed fat layer, Muscle involvement with/without necrosis, bone involvement with/without necrosis)  • Tell us if has DM and Cellulitis if the DM contributed to the Cellulitis
<p><u>Asthma</u></p> <p>Must be specified as:</p> <ul style="list-style-type: none"> • Mild, Moderate, or Severe • As intermittent or persistent • In exacerbation/not in exacerbation 	<p><u>Lactic Acid Level</u></p> <ul style="list-style-type: none"> •  <u>MUST BE 4.0 or over</u> in order to document <u>lactic acidosis</u> • If <u>2.1 to 3.9</u>, document <u>Hyperlactatemia or elevated lactate</u> • If over 2.0 and has Sepsis, document if elevated lactate is related to the sepsis.
<p><u>Chronic Kidney Disease – MUST STAGE</u></p> <ul style="list-style-type: none"> • Stage 1 • Stage 2 • Stage 3a • Stage 3b • Stage 4 • Stage 5 GFR < 15 and not on hemodialysis • ESRD – GFR < 15 and on hemodialysis <div data-bbox="386 1234 755 1396" style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>*All staging increases ROM, Stage 4 and above also increase severity of illness*</p> </div> <div data-bbox="682 1312 803 1417"></div>	<p><u>Atrial Fibrillation</u></p> <p>Must tell us if it's:</p> <ul style="list-style-type: none"> • Chronic • Persistent, longstanding • Permanent • Paroxysmal <div data-bbox="1282 1207 1534 1459" style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Chronic, Persistent (longstanding), and permanent all increase SOI/ROM</p> </div> <div data-bbox="1421 1176 1534 1270"></div>
<p>WHEN PATIENT HAS <u>ALTERED MENTAL STATUS</u></p> <p><u>DOCUMENT UNDERLYING CAUSE</u></p> <ul style="list-style-type: none"> • Acute Metabolic Encephalopathy 2/2 UTI, Sepsis, PNA, Hypoxia etc. • Acute Toxic Encephalopathy 2/2 oxycodone, sedatives (tell us drug name) • Acute delirium due to ETOH Withdrawl • Delirium superimposed on dementia, SUNDOWNING • Progression of Dementia 	<p><u>Please Remember!</u></p> <ul style="list-style-type: none"> • MI is acute for 4 weeks (if hospitalized within 4 weeks of its occurrence, please document this) • DVT is ACUTE for 3 months – okay to doc Acute DVT as long as is on anticoagulation for it. • PE is ACUTE for 6 months – okay to doc Acute PE as long as is on anticoagulation for it

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<p style="text-align: center;"><u>Dementia</u></p> <p>Tell us if:</p> <ul style="list-style-type: none"> • Early onset, Late onset • With or without behaviors (if aggressive, combative etc.. it is with behaviors) • Type: Alzheimer's, Vascular, Alcoholic, Lewy Bodies • Need Severity/Degree: Mild, Moderate, Severe 	<p style="text-align: center;"><u>If treated/replaced, Document it!</u></p> <ul style="list-style-type: none"> • Hypokalemia / Hyperkalemia • Hypomagnesemia / Hypermagnesemia • Hyponatremia / Hypernatremia • Hypophosphatemia / Hyperphosphatemia • Hypocalcemia / Hypercalcemia
<p style="text-align: center;"><u>Pneumonia</u></p> <p>Specify Type (DO NOT DOC COMMUNITY ACQUIRED PNA as it goes to unspecified and a low severity)</p> <ul style="list-style-type: none"> • Aspiration Pneumonia • COVID 19 Pneumonia • Bacterial Pneumonia – <u>LINK ORGANISMS</u> → Streptococcus PNA, Staphylococcus PNA, MRSA PNA, Pseudomonas PNA, Legionella PNA • If have patient on stronger <u>antibiotic to cover for a more complex organism</u> document in daily PN and DC Summary as such.. ie. Suspected Pseudomonas PNA, covering with meropenem 	<p style="text-align: center;"><u>Anemia</u></p> <p>Documentation of just Acute anemia or chronic anemia goes to “unspecified anemia”</p> <p>Need to Capture if:</p> <ul style="list-style-type: none"> • Acute blood loss anemia • Chronic blood loss anemia • Chronic iron deficiency anemia • Anemia secondary to Chronic Kidney Disease/ESRD • Anemia secondary antineoplastic chemotherapy • Aplastic Anemia due to radiation, drugs, etc • Hemolytic anemia (acquired, acute, autoimmune, chronic)
<p style="text-align: center;"><u>Cause and Effect Relationships</u></p> <p>When conditions are linked, it increases SOI/ROM by capturing a more severe DRG as it utilizes more resources and a longer length of stay:</p> <ul style="list-style-type: none"> • UTI secondary/suspect secondary to chronic indwelling foley catheter • Cellulitis secondary/suspect secondary to DMT2 with hyperglycemia and PAD • Acute GI Bleeding secondary to acute duodenal ulcer and use of anticoagulants.. Eliquis held. 	<p style="text-align: center;"><u>Coagulation Disorders</u></p> <p><u>Thrombocytopenia:</u> Specify if: Dilutional, due to drugs (specify drug); Essential, HIT, Primary, Secondary, due to extracorporeal circulation of blood (in CABG patients).</p> <p><u>Thrombocytosis:</u> Specify if: essential, idiopathic, primary, secondary, reactive</p> <p><u>Pancytopenia:</u> (Diagnostic Criteria: HGB <12, WBC <4, Absolute neutrophils <1800, and Plts < 150). Specify if chemo induced, other drug induced (includes alcohol/drug dependence), congenital</p>
<p style="text-align: center;"><u>Fractures</u></p> <p><u>Must classify by specifying cause and document location and laterality:</u></p> <ul style="list-style-type: none"> • Traumatic: due to a fall/injury • NON- Traumatic – due to Osteoporosis (osteopenia), osteomyelitis, neoplasms, non-cancerous tumors or cysts, multiple myeloma and metastatic disease • Stress fracture – due to repetitive overuse (running, sports, hiking etc) 	<p style="text-align: center;"><u>Acid – Base Disorders</u></p> <ul style="list-style-type: none"> • Acute/Chronic Respiratory acidosis (CO2 > 45) / Acute/ Chronic Respiratory alkalosis (CO2 < 45) • Acute/Chronic Metabolic Acidosis (Serum HCO3 < 24) / Acute/Chronic Metabolic Alkalosis (Serum HCO3 > 24) • Mixed acid –base • High Anion gap metabolic acidosis (<u>do not use HAGMA</u> as it is <u>not an accepted abbreviation</u> and therefore cannot be coded/captured if abbreviated) • Non-anion gap metabolic acidosis (<u>do not use NAGMA</u> as it is <u>not an accepted abbreviation</u> and therefore cannot be coded/captured if abbreviated)