Intensivists & Hospitalists Tip Sheet for ICD-10 CAPE FEAR VALLEY HEALTH



| | 2 Hospitalists Tip 5 | Citi | PE FEAR VALLEY HEALTH |
|---------------------------------------|--|---|--|
| Diagnosis | Documentation Requireme | ents | |
| Anemia | Document Type: -Nutritional deficiency (iron, Vit B 12, folate, protein, etc.) -Hemolytic (enzyme disorder, thalassemia, etc.) -Sickle cell (with or without crisis) With acute chest syndrome or splenic sequestration -Aplastic (drug induced, idiopathic, etc.) -Blood loss (acute, chronic, postoperative) | Document cause: -Neoplastic disease -Chronic kidney disease Document underlying cause if known | Document any alcohol or drug use, abuse, dependence or past history Specify name of medication or drug with purpose of its use |
| A-Fib/A-Flutter | Differentiate between: - Atrial fibrillation - Atrial flutter | Specify Atrial Fibrillation as: - Paroxysmal - Persistent - Chronic | Specify Atrial Flutter as: - Typical A-flutter - Atypical A-flutter |
| Cerebral Infarction & Occlusion | Document etiology: - Due to embolus, thrombosis, occlusion, or stenosis Document laterality: - Right - Left | Document specific artery affected: - Precerebral -Vertebral, basilar -Carotid -Cerebral Artery – middle, anterior, posterior, or cerebellar | Specify if intraoperative or postprocedural complication Document any related deficits: (Right or left hemiparesis, aphasia, seizure, etc.) Document: -TPA administration |
| Coma | In addition to the total Glasgow coma scale, identify responses as: -Unspecified time -In the field (EMT/Ambulance -At arrival to ED -At hospital -24 hrs. or more after hospital admission | Specify eyes open: Never, to pain, to sound, spontaneous Specify best verbal response: None, incomprehensible words, inappropriate words, confused conversation, oriented | Specify best motor reponse: None, extension, abnormal, flexion withdrawal, localizes pain, obeys commands |
| Congestive Heart Failure (CHF) | Document acuity: - Acute - Chronic - Acute or chronic Specify if rheumatic heart failure | Document type: - Systolic (include ejection fraction) - Diastolic - Combined | List any casual relationships: - Hypertension - Chronic kidney disease - Obstetric surgery/procedures - Surgery |
| COPD | Document: -Chronic -Acute Exacerbation | Document: -With acute lower respiratory tract infection (specify type of infection) | Document: -With asthma (and type of asthma) Document any tobacco use, abuse, dependence, or exposure |
| Diabetes Mellitus | Document: - Type I or Type II - Long-term insulin use for Type II Document any cause/effect relationship between diabetes and other conditions (e.g. PVD, Ulcer, Neuropathy, etc.) | Document: insulin underdosing or overdosing related to insulin pump malfunction Document any underlying condition, drug or chemical responsible for Secondary Diabetes (e.g., steroid induced) | Differentiate: - Diabetes accompanied by hypoglycemia OR Hyperglycemia Document: - Hypoglycemia with OR without coma |

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Diagnosis **Documentation Requirements**

| Diagnosis Documentation Requirements | | | | |
|--------------------------------------|---|---|--|--|
| | Document: | Document reason for underdosing: | | |
| Drug | - Intentional | - Financial hardship | | |
| Underdosing | versus | or | | |
| | - Unintentional | - Age related dementia | | |
| | - Chintentional | | | |
| | Document: | Link hypertension to heart disease | Document any tobacco use, abuse, | |
| | -Essential | Link hypertension to kidney disease | dependence, or exposure | |
| | | | | |
| Hypertension | -Secondary | | | |
| | -Benign | | | |
| | -Arterial | | | |
| | -Malignant | | | |
| | Document: | Subarachnoid – Document Site | Intracerebral – Document site: | |
| | -Teaumatic vs. Non-traumatic | (carotid siphon or bifurcation, | -Hemisphere, brain stem, | |
| | Document Site: | middle cerebral, anterior or | cerebellum, intraventricular Document: any related brain | |
| Intracerebral | -Subarachnoid,, Subdural, | posterior communicating, basilar, vertebral, etc.) | compression | |
| Hemorrhage | Inracerebral | Subdural – Document Type: | | |
| Hemorriage | Document laterality: | •• | | |
| | -Right | -Acute | | |
| | -Left | -Subacute | | |
| | -Left | -Chronic | | |
| | Acute kidney failure: | Chronic kidney failure: | Document associated underlying | |
| | -Tubular necrosis | -Specify stage as 1 through 5 | condition Document dialysis status or s/p | |
| Kidney Failure | -Acute cortical necrosis | -Specify if end-stage | kidney transplant status | |
| | - Medullary necrosis | | | |
| | caa.ia., neeresis | | | |
| | Document type: | Document associated conditions: | Document any tobacco use, abuse, | |
| | - Bacterial (specify organism) | (Sepsis, HIV disease, influenza, etc.) | dependence or exposure | |
| Pneunomia | - Viral | | | |
| Pneunomia | - Aspiration (specify substance) - Fungal | | | |
| | - Ventilator Associated | | | |
| | - Other | | | |
| | Document acuity: | Document: | Differentiate between: | |
| Respiratory | - Acute | | | |
| Failure | | - With hypoxia and/or hypercapnea | - Respiratory Distress Syndrome | |
| | - Chronic | | - Respiratory Arrest | |
| | | Document any tobacco use, abuse, | | |
| | - Chronic | | - Respiratory Arrest - Post procedural Respiratory | |
| | - Chronic | Document any tobacco use, abuse, | - Respiratory Arrest - Post procedural Respiratory | |
| | - Chronic - Acute and chronic Seizures not diagnosed as a disorder or recurrent (i.e., non- | Document any tobacco use, abuse, dependence or exposure | - Respiratory Arrest - Post procedural Respiratory Failure | |
| | - Chronic - Acute and chronic Seizures not diagnosed as a disorder or recurrent (i.e., non-epileptic) should specify the | Document any tobacco use, abuse, dependence or exposure Specify epileptic seizures as: | - Respiratory Arrest - Post procedural Respiratory Failure Describe seizures as: -Localized onset | |
| | - Chronic - Acute and chronic Seizures not diagnosed as a disorder or recurrent (i.e., non-epileptic) should specify the condition as being: | Document any tobacco use, abuse, dependence or exposure Specify epileptic seizures as: -Localization-related -Generalized | - Respiratory Arrest - Post procedural Respiratory Failure Describe seizures as: -Localized onset -Simple partial | |
| Seizures & | - Chronic - Acute and chronic Seizures not diagnosed as a disorder or recurrent (i.e., nonepileptic) should specify the condition as being: - Febrile – specify simple or complex | Document any tobacco use, abuse, dependence or exposure Specify epileptic seizures as: -Localization-related | - Respiratory Arrest - Post procedural Respiratory Failure Describe seizures as: -Localized onset -Simple partial -Complex partial | |
| Seizures & Epilepsy | - Chronic - Acute and chronic Seizures not diagnosed as a disorder or recurrent (i.e., nonepileptic) should specify the condition as being: - Febrile – specify simple or complex - New onset | Document any tobacco use, abuse, dependence or exposure Specify epileptic seizures as: -Localization-related -Generalized Identify any special epileptic | - Respiratory Arrest - Post procedural Respiratory Failure Describe seizures as: -Localized onset -Simple partial -Complex partial Further describe seizures as: | |
| | - Chronic - Acute and chronic Seizures not diagnosed as a disorder or recurrent (i.e., nonepileptic) should specify the condition as being: - Febrile – specify simple or complex | Document any tobacco use, abuse, dependence or exposure Specify epileptic seizures as: -Localization-related -Generalized Identify any special epileptic syndromes: | - Respiratory Arrest - Post procedural Respiratory Failure Describe seizures as: -Localized onset -Simple partial -Complex partial Further describe seizures as: -Intractable | |
| | - Chronic - Acute and chronic Seizures not diagnosed as a disorder or recurrent (i.e., nonepileptic) should specify the condition as being: - Febrile – specify simple or complex - New onset | Document any tobacco use, abuse, dependence or exposure Specify epileptic seizures as: -Localization-related -Generalized Identify any special epileptic syndromes: -Seizures related to alcohol, drugs, | - Respiratory Arrest - Post procedural Respiratory Failure Describe seizures as: -Localized onset -Simple partial -Complex partial Further describe seizures as: -Intractable -Not intractable | |
| | - Chronic - Acute and chronic Seizures not diagnosed as a disorder or recurrent (i.e., nonepileptic) should specify the condition as being: - Febrile – specify simple or complex - New onset - Single seizure or convulsion | Document any tobacco use, abuse, dependence or exposure Specify epileptic seizures as: -Localization-related -Generalized Identify any special epileptic syndromes: -Seizures related to alcohol, drugs, sleep deprivation, etc. Include descriptions of poorly controlled pharmacoresistant, | - Respiratory Arrest - Post procedural Respiratory Failure Describe seizures as: -Localized onset -Simple partial -Complex partial Further describe seizures as: -Intractable -Not intractable -With status epilepticus | |
| | - Chronic - Acute and chronic Seizures not diagnosed as a disorder or recurrent (i.e., nonepileptic) should specify the condition as being: - Febrile – specify simple or complex - New onset - Single seizure or convulsion - Post traumatic or hysterical - Autonomic | Document any tobacco use, abuse, dependence or exposure Specify epileptic seizures as: -Localization-related -Generalized Identify any special epileptic syndromes: -Seizures related to alcohol, drugs, sleep deprivation, etc. Include descriptions of poorly controlled pharmacoresistant, treatment resistant and refractory | - Respiratory Arrest - Post procedural Respiratory Failure Describe seizures as: -Localized onset -Simple partial -Complex partial Further describe seizures as: -Intractable -Not intractable -With status epilepticus -Without status epilepticus | |
| | - Chronic - Acute and chronic Seizures not diagnosed as a disorder or recurrent (i.e., non-epileptic) should specify the condition as being: - Febrile – specify simple or complex - New onset - Single seizure or convulsion - Post traumatic or hysterical - Autonomic Document: | Document any tobacco use, abuse, dependence or exposure Specify epileptic seizures as: -Localization-related -Generalized Identify any special epileptic syndromes: -Seizures related to alcohol, drugs, sleep deprivation, etc. Include descriptions of poorly controlled pharmacoresistant, treatment resistant and refractory Document: | - Respiratory Arrest - Post procedural Respiratory Failure Describe seizures as: -Localized onset -Simple partial -Complex partial Further describe seizures as: -Intractable -Not intractable -With status epilepticus -Without status epilepticus Document: | |
| | - Chronic - Acute and chronic Seizures not diagnosed as a disorder or recurrent (i.e., non-epileptic) should specify the condition as being: - Febrile – specify simple or complex - New onset - Single seizure or convulsion - Post traumatic or hysterical - Autonomic Document: - Systemic type or causal organism | Document any tobacco use, abuse, dependence or exposure Specify epileptic seizures as: -Localization-related -Generalized Identify any special epileptic syndromes: -Seizures related to alcohol, drugs, sleep deprivation, etc. Include descriptions of poorly controlled pharmacoresistant, treatment resistant and refractory Document: -Circulatory failure related to Sepsis | - Respiratory Arrest - Post procedural Respiratory Failure Describe seizures as: -Localized onset -Simple partial -Complex partial Further describe seizures as: -Intractable -Not intractable -With status epilepticus -Without status epilepticus Document: - Related local infections | |
| Epilepsy | - Chronic - Acute and chronic Seizures not diagnosed as a disorder or recurrent (i.e., nonepileptic) should specify the condition as being: - Febrile – specify simple or complex - New onset - Single seizure or convulsion - Post traumatic or hysterical - Autonomic Document: - Systemic type or causal organism Do NOT use the term UROSEPSIS | Document any tobacco use, abuse, dependence or exposure Specify epileptic seizures as: -Localization-related -Generalized Identify any special epileptic syndromes: -Seizures related to alcohol, drugs, sleep deprivation, etc. Include descriptions of poorly controlled pharmacoresistant, treatment resistant and refractory Document: -Circulatory failure related to Sepsis and/or | - Respiratory Arrest - Post procedural Respiratory Failure Describe seizures as: -Localized onset -Simple partial -Complex partial Further describe seizures as: -Intractable -Not intractable -With status epilepticus -Without status epilepticus Document: - Related local infections (Pneumonia, Cellulitis, UTI, Catheter | |
| | - Chronic - Acute and chronic Seizures not diagnosed as a disorder or recurrent (i.e., nonepileptic) should specify the condition as being: - Febrile – specify simple or complex - New onset - Single seizure or convulsion - Post traumatic or hysterical - Autonomic Document: - Systemic type or causal organism Do NOT use the term UROSEPSIS (consider UTI with Sepsis) | Document any tobacco use, abuse, dependence or exposure Specify epileptic seizures as: -Localization-related -Generalized Identify any special epileptic syndromes: -Seizures related to alcohol, drugs, sleep deprivation, etc. Include descriptions of poorly controlled pharmacoresistant, treatment resistant and refractory Document: -Circulatory failure related to Sepsis and/or Septic Shock | - Respiratory Arrest - Post procedural Respiratory Failure Describe seizures as: -Localized onset -Simple partial -Complex partial Further describe seizures as: -Intractable -Not intractable -With status epilepticus -Without status epilepticus Document: - Related local infections | |
| Epilepsy | - Chronic - Acute and chronic Seizures not diagnosed as a disorder or recurrent (i.e., nonepileptic) should specify the condition as being: - Febrile – specify simple or complex - New onset - Single seizure or convulsion - Post traumatic or hysterical - Autonomic Document: - Systemic type or causal organism Do NOT use the term UROSEPSIS | Document any tobacco use, abuse, dependence or exposure Specify epileptic seizures as: -Localization-related -Generalized Identify any special epileptic syndromes: -Seizures related to alcohol, drugs, sleep deprivation, etc. Include descriptions of poorly controlled pharmacoresistant, treatment resistant and refractory Document: -Circulatory failure related to Sepsis and/or | - Respiratory Arrest - Post procedural Respiratory Failure Describe seizures as: -Localized onset -Simple partial -Complex partial Further describe seizures as: -Intractable -Not intractable -With status epilepticus -Without status epilepticus Document: - Related local infections (Pneumonia, Cellulitis, UTI, Catheter related | |

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Diagnosis **Documentation Requirements**

| Diagnosis | Documentation Requireme | | , |
|--------------------|---|---|--|
| | Document type: | Document state of dependence: | Document if used during |
| Tobacco Use | - Cigarettes | - In remission | pregnancy, childbirth, |
| | - Chewing tobacco | - With withdrawal | puerperium |
| Disorder | - Other | - Without withdrawal | ' ' |
| | o tine. | Transac menarana. | Describe history, including product |
| | Delineate between: | | and time |
| | | | and time |
| | - Tobacco use/abuse | | |
| | - Tobacco dependence | | |
| | Document type: | Document: | |
| | - Cardiogenic | - Severe sepsis w/o septic shock | |
| | - Hypovolemic | - Severe sepsis w/ septic shock | |
| Shock | - Anaphylactic | | |
| | - Other | | |
| | | | |
| Procedures | Documentation Requireme | nts | |
| | Document chest compressions: | | |
| | - Mechanical (balloon pump, | | |
| | impellar pump, pulsatile | | |
| CPR | compression, etc.) | | |
| CFN | | | |
| | - Manual (closed chest cardiac | | |
| | massage or CPR unspecified) | | |
| | Document: | Document laterality: | Document if drainage device is |
| Incision and | - Body site - (head, face, neck, | -Right | used |
| Duainage of Chin | lower extremity, trunk, or upper | -Left | |
| Drainage of Skin | extremity) | -Bilateral | Document approach: |
| and SQ Tissue | - Specific body part (foot, hand, | | - Open |
| | scalp, etc.) | | - Percutaneous |
| | Document: | Injection/infusion of | Document approach: |
| | - Substance administered | thrombolytic agent - Document | -Open |
| | (analgesic, anti- infective, sedative, | substance: | -Percutaneous |
| | anti-inflammatory, etc.) | - Recombinant Human-activated | |
| Inication/Infusion | | Protein C | Document site: |
| Injection/Infusion | | - Other Thrombolytic | -Body system substance was |
| | | Guier inionibolytic | introduced into (central artery or |
| | | | vein, coronary artery, heart, |
| | _ | | peripheral artery or vein) |
| | Document approach: | | |
| Insertion ET Tube | Via natural or artificial opening | | |
| | - Endoscopic | | |
| | | Document type of device: | |
| | Document approach: | - Monitoring | |
| | - Open | - Infusion | |
| Insertion Gastric | - Percutaneous | - Intraluminal | |
| Tube | - Via natural or artificial opening | - Feeding device | |
| TUDE | - Percutaneous endoscopic | T CCAMB GCVICC | |
| | - Via natural or artificial opening | | |
| | endoscopic | | |
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| Diagnosis D | ocumentation Require | ments |
|-------------|----------------------|-------|
|-------------|----------------------|-------|

| Vit B12, foliate, protein, etc.) | Diagilosis | Documentation Requireme | | |
|--|---|-------------------------------------|-------------------------------------|--------------------------------|
| Infarction (AM) - Non-STEMI Document date of MI, subsequent Mis are defined as occurring within 28 days of 'first' MI - Fib/A-Flutter A-Fib/A-Flutter - Arrial fibrillation - Arrial fibrillation - Arrial flutter - Arrial flutter - Nutritional deficiency (iron, Vit B12, foliate, protein, etc.) - Hemolytic (enzyme disorder, thalassemia, etc.) - Sickle cell (with or without crisis) with acute chest syndrome or splenic sequestration, etc.) - Blood loss (acute, chronic, postoperative) - Document - Panic w/o agoraphobia - Ceneralized anxiety - Mild - Moderate - Severe - Moderate - Severe - Moderate - Severe - Chronic - Persistent - Chronic - Chronic - Chronic - Chronic - Persistent - Chronic - Chronic - Percordial - Interrostal - Anterior wall - Document underlying cause: - Republicated of the without crisis and the protein of the p | | • • | | Document any tobacco use, |
| Infarction (AM) - Non-STEMI Document date of MI, subsequent MIs are defined as occurring within 28 days of 'first' AM Differentiate between: - Arrial fibrillation - Paroxysmal - Persistent - Chronic Document Type: - Nutritional deficiency (iron, VIT B.2; foliate, protein, etc.) - Hemolytic (enzyme disorder, thalassemia, etc.) - Sickle cell (with or without crisis) with acute chest syndrome or splenic sequestration, etc.) - Blood loss (acute, chronic, postoperative) Document - Generalized anxiety - Mixed anxiety - Panic w/o agoraphobia Document severity: - Nourent severity: - Acute - Status Asthmaticus Document requency: - Intermittent - Persistent - Chronic Document location: - Precordial - Intercostal - Interco | Acute Myocardial | - STEMI | - Anterior wall (Left main, LAD, | abuse, dependence, or exposure |
| Document date of MI, subsequent Mis are defined as occurring within 28 days of first MI A-Fib/A-Flutter A-Fib/A-Flutter A-Fib/A-Flutter Differentiate between: - Atrial fibrillation as: - Paroxysmal - Persistent - Chronic - Chronic - Nutritional deficiency (Iron, Vit B12, Collate, protein, etc.) - Hemolytic (enzyme disorder, thalasserial, etc.) - Sickle cell (with or without crisis) with acute chest syndrome or splenic sequestration, etc.) - Blood loss (acute, chronic, postoperative) - Document: - Generalized anxiety - Mixed anxiety - Panic Wo agoraphobia - Document severity: - Panic Wo agoraphobia - Persistent - Acute - Severe - Persistent - Chronic - Acute - Chronic - Chronic - Chronic - Chronic - Precordial - Intercostal - Intercostal - Intercostal - Anterior wall - Document - Anterior wall - Document - Chronic - | | - Non-STEMI | · | |
| A-Fib/A-Flutter A-Fib/A-Flutter Differentiate between: - Atrial fibilition - Atrial filutter - Acute - Nounemat cause: - Neoplastic disease - Alpocument any alcohol or - Atrigue, abuse, - dependence or past history - Acute - Chronic Moderate - Severe - Acute - Status Asthmaticus - Pocument severity: - Intermittent - Persistent - Acute - Chronic - Status Asthmaticus - Document severity: - Acute - Chronic - Chronic - Chronic - Chronic - Chronic - Chronic - Document severity: - Acute - Chronic - Nounemat severity: - Acute - Chronic | aretion (Aivi) | | | Delineate acute coronary |
| A-Fib/A-Flutter A-Fib/A-Flutter Differentiate between: - Atrial fibrillation - Persistent - Chronic Document Type: - Nutritional deficiency (iron, Vit B12, foliate, protein, etc.) - Hemolytic (enzyme disorder, thalassemia, etc.) - Hemolytic (enzyme disorder, thalassemia, etc.) - Sickle cell (with or without criss) with acute chest syndrome or splenic sequestration, etc.) - Blood loss (acute, chronic, postoperative) - Document - Generalized anxiety - Panic W/o agoraphobia - Severe - Severe - Acute - Severe - Intermittent - Persistent - Acute - Chronic Document frequency: - Intermittent - Persistent - Acute - Chronic - Chronic - Chest Pain Document location: - Percordial - Intercostal - Anterior wall - Document: - Chronic - C | | Document date of MI, | artery, other) | syndrome and acute ischemic |
| A-Fib/A-Flutter A-Fib/A-Flutter Differentiate between: - Atrial fibrillation - Atrial flutter - Paroxysmal - Persistent - Chronic - Pocument cause: - Neoplastic disease - Neoplast | | subsequent MIs are defined as | - STEMI | heart disease from true MI |
| A-Fib/A-Flutter Differentiate between: - Atrial fibrillation - At | | occurring within 28 days of 'first' | - Other sites | |
| A-Fib/A-Flutter - Atrial fibrillation - Atrial flutter - Acute - Acute - Acute - Acute - Chronic - Acute - Chronic - Acute - Acute - Chronic - Acute | | MI | | |
| Anemia Document Type: - Nutritional deficiency (iron, Vit B12, foliate, protein, etc.) - Hemolytic (enzyme disorder, thalassemia, etc.) - Sickle cell (with or without crisis) with acute chest syndrome or splenic sequestration, etc.) - Blood loss (acute, chronic, postoperative) - Panic w/o agoraphobia Document: - Generalized anxiety - Mixed anxiety - Panic w/o agoraphobia Document frequency: - Intermittent - Persistent Document requency: - Intermittent - Persistent Document severity: - Acute - Chronic Bronchitis - Atrial flutter or Type 2 - Chronic Chest Pain - Atrial flutter or Type 2 - Chronic Chest Pain - Chronic - Nutritional deficiency (iron, Vit B12, foliate, protein, etc.) - Nutritional deficiency (iron, Vit B12, foliate, protein, etc.) - Nutritional deficiency (iron, Vit B12, foliate, protein, etc.) - Hemolytic (enzyme disorder, thalassemia, etc.) - Sickle cell (with or without crisis) with acute chest syndrome or splenic sequestration, etc.) - Slocument underlying cause if known: - Postoperative anemia due to acute blood loss - Specify name of medication or drug with purpose of its use - Specify name of medication or drug with purpose of its use - Specify name of medication or drug with purpose of its use - Specify name of medication or drug with purpose of its use - Specify name of medication or drug with purpose of its use - Specify name of medication or drug with purpose of its use - Specify name of medication or drug with purpose of its use - Document exertive acute blood loss - Specify name of medication or drug with purpose of its use - Document: - Chronic - Specify name of medication or drug with purpose of its use - Specify name of medication: - Chronic - Specify name of medications or drug with purpose of its use - Document: - Chronic - Specify name of medications or drug with purpose of its use - Specify name of medications or drug with purpose of its use - Document any obscale or setablish a cause and effect relationship - Chronic - Severe - Status Asthmaticus - Status Asthmaticus - | | Differentiate between: | Specify Atrial Fibrillation as: | Specify Atrial Flutter as: |
| Arrial flutter - Arrial flutter - Chronic - Chronic - Chronic - Chronic - Noutritional deficiency (iron, vit B12, foliate, protein, etc.) - Hemolytic (enzyme disorder, thalassemia, etc.) - Hemolytic (enzyme disorder, thalassemia, etc.) - Sickle cell (with or without crisis) with acute chest syndrome or splenic sequestration, etc.) - Blood loss (acute, chronic, postoperative) - Panic w/o agoraphobia - Chronic Wester Bronchitis - Acute - Status Asthma - Chest Pain - Chronic - Acute - Precordial - Intercostal - Anterior wall - Document: - Chronic - Chronic - Acute - Chronic - Chroni | A-Fib/A-Flutter | - Atrial fibrillation | - Paroxysmal | - Typical A-flutter or Type 1 |
| Anemia Document Type: - Nutritional deficiency (iron, VIB B12, foliate, protein, etc.) - Hemolytic (enzyme disorder, thalassemia, etc.) - Sickle cell (with or without crisis) with acute chest syndrome or splenic sequestration, etc.) - Blood loss (acute, chronic, postoperative) | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | - Atrial flutter | - Persistent | - Atypical A-flutter or Type 2 |
| Anemia - Nutritional deficiency (iron, Vit B12, foliate, protein, etc.) - Hemolytic (enzyme disorder, thalassemia, etc.) - Sickle cell (with or without crisis) with acute chest syndrome or splenic sequestration, etc.) - Blood loss (acute, chronic, postoperative) - Document: - Oeneralized anxiety - Panic w/o agoraphobia - Severe - Mide - Severe - Severe - Intermittent - Persistent - Chronic - Chronic - Percordial - Intercostal - Acute - Chronic - Chest Pain - Nutritional deficiency (iron, Vit B12, foliate, protein, etc.) - Hemolytic (enzyme disorder, thalassemia, etc.) - Sickle cell (with or without crisis) with acute chest syndrome or splenic sequestration, etc.) - Sickle cell (with or without crisis) with acute chest syndrome or splenic sequestration acute blood loss - Document underlying cause if known: - Postoperative anemia due to acute blood loss - Postoperative anemia due to acute blood loss - Postoperative anemia due to acute blood loss - Document level of exacerbation: - Acute - Status Asthmaticus - Document external forces to establish a cause and effect relationship effect relationship - Acute - Status Asthmaticus - Document any tobacco use, abuse, dependence, or exposure - Document severity: - Causal organism, when known - Causal organism, when known - Simple - Mucopurulent - Goronic - Both - Document presence of hyporemia and hypercapnea - Acute exacerbation - Acute lower respiratory tract infection - With acute lower respiratory tract infection | | | - Chronic | |
| Vit B12, foliate, protein, etc.) Hemolytic (enzyme disorder, thalassemia, etc.) - Sickle cell (with or without crisis) with acute chest syndrome or splenic sequestration, etc.) - Blood loss (acute, chronic, postoperative) Document underlying cause if known: - Postoperative anemia due to acute blood loss | | Document Type: | Document cause: | Document any alcohol or |
| Vit B12, foliate, protein, etc.) - Hemolytic (enzyme disorder, thalassemia, etc.) - Sickle cell (with or without crisis) with acute chest syndrome or splenic sequestration, etc.) - Blood loss (acute, chronic, postoperative) Document: Operative Document underlying cause if known: - Postoperative anemia due to acute blood loss Postoperative Document underlying cause if known: - Postoperative anemia due to acute blood loss Postoperative Document underlying cause if known: - Postoperative anemia due to acute blood loss Postoperative Document underlying cause if known: - Postoperative anemia due to acute blood loss Postoperative Document underlying cause if known: - Postoperative anemia due to acute blood loss Postoperative Document underlying cause if known: - Postoperative anemia due to acute blood loss Postoperati | Anemia | - Nutritional deficiency (iron, | - Neoplastic disease | drug use, abuse, |
| thalassemia, etc.) - Sickle cell (with or without crisis) with acute chest syndrome or splenic sequestration, etc.) - Blood loss (acute, chronic, postoperative) - Document: - Generalized anxiety - Panic w/o agoraphobia Asthma Asthma Document frequency: - Intermittent - Persistent Document severity: - Acute - Chronic Document location: - Precordial - Intercostal - Intercostal - Anterior wall - Document: - Chronic Chest Pain This indicate (with or without crisis) with acute chest syndrome or splenic sequestration or drug with purpose of its use Specify name of medication or drug with purpose of its use Specify name of medication or drug with purpose of its use Specify name of medication or drug with purpose of its use Specify name of medication or drug with purpose of its use Specify name of medication or drug with purpose of its use Specify name of medication or drug with purpose of its use Specify name of medication or drug with purpose of its use Specify name of medication or drug with purpose of its use Specify name of medication or drug with purpose of its use Specify name of medication or drug with purpose of its use Specify name of medication or drug with purpose of its use Specify name of medication or drug with purpose of its use Specify name of medication or drug with purpose of its use Specify name of frequence acute blood loss Specify name of frequence acute blood acute acu | | Vit B12, foliate, protein, etc.) | - Chronic kidney disease | dependence or past history |
| - Sickle cell (with or without crisis) with acute chest syndrome or splenic sequestration, etc.) - Blood loss (acute, chronic, postoperative) Document: - Generalized anxiety - Panic w/o agoraphobia Document severity: - Mild - Moderate - Severe - Intermittent - Persistent - Chronic Document location: - Precordial - Acute exacerbation: - Chest Pain - Sickle cell (with or without crisis) with acute chest syndrome or splenic sequestration, etc.) - Blood loss (acute, chronic, postoperative) - Bocument: - Generalized anxiety - Mild - Moderate - Severe - Acute - Status Asthmaticus - Document any coexisting COPD - Persistent - Chronic - Chronic - Precordial - Intercostal - Anterior wall - Document: - Chronic - Acute exacerbation: - Document underlying cause: - GERD, Angina, Pleurisy, Acute MI, Anxiety, etc With acute lower respiratory tract infection - Comment: - With acute lower respiratory tract infection (specify type of infection) | | - Hemolytic (enzyme disorder, | | |
| - Sickle cell (with or without crisis) with acute chest syndrome or splenic sequestration, etc.) - Blood loss (acute, chronic, postoperative) Document: - Generalized anxiety - Panic w/o agoraphobia Asthma Document severity: - Mild - Moderate - Severe - Acute - Status Asthmaticus - Persistent - Persistent - Chronic Document location: - Percordial - Precordial - Intercostal - Anterior wall - Document: - Chronic | | thalassemia, etc.) | Document underlying cause if | Specify name of medication or |
| crisis) with acute chest syndrome or splenic sequestration, etc.) - Blood loss (acute, chronic, postoperative) Document: - Generalized anxiety - Mixed anxiety - Mixed anxiety - Mild - Moderate - Severe - Severe - Status Asthmaticus - Uncomplicated - Postument any coexisting COPD - Persistent - Chronic - Chest Pain - Document location: - Postoperative anemia due to acute blood loss - Pocument: - Generalized anxiety - Mixed anxiety - Mixed anxiety - Panic W/o agoraphobia - Cut ce scacerbation: - Uncomplicated - Acute - Status Asthmaticus - Cutue - Status Asthmaticus - Document any coexisting COPD - Cut ce stablish a cause and effect relationship - Effect relationship - Focument any coexisting COPD - Document any coexisting COPD - Document any coexisting COPD - Document any coexisting COPD - Document: - Causal organism, when known - Simple - Mucopurulent - Or - Both - Document presence of - Pocordial - Intercostal - Anterior wall - Naciety, etc Oronic - Both - Document presence of - Pocorment: - GERD, Angina, Pleurisy, Acute MI, Anxiety, etc Document: - GerD, Angina, Pleurisy, Acute MI, Anxiety, etc Document: - With acute lower respiratory tract infection - Specific types of infection) - With Asthma (and type of asthma) | | - Sickle cell (with or without | known: | • • |
| sequestration, etc.) - Blood loss (acute, chronic, postoperative) Document: - Generalized anxiety - Mixed anxiety - Mid - Moderate - Severe - Acute - Severe - Intermittent - Persistent Document severity: - Acute - Chronic Document location: - Precordial - Intercostal - Anterior wall - Document: - Chronic Chronic Obstructive Pulmonary Disease Document: - Generalized anxiety - Mixed anxiety - Locument level of exacerbation: - Uncomplicated - Uncomplicated - Cuncomplicated - Cuncompli | | crisis) with acute chest | -Postoperative anemia due | |
| - Blood loss (acute, chronic, postoperative) Document: - Generalized anxiety - Mixed anxiety - Panic w/o agoraphobia Document severity: - Midl - Moderate - Severe - Midl - Moderate - Severe - Cousent frequency: - Intermittent - Persistent Document severity: - Parsistent Document severity: - Intermittent - Persistent Document severity: - Causal organism, when known - Chronic Document location: - Precordial - Intercostal - Anterior wall Document: - Chronic Document: - Chronic | | syndrome or splenic | to acute blood loss | |
| Anxiety Document: - Generalized anxiety - Mixed anxiety - Panic w/o agoraphobia Document severity: - Mild - Moderate - Severe - Acute - Status Asthmaticus Document frequency: - Intermittent - Persistent Document severity: - Acute - Status Asthmaticus Document any coexisting COPD Persistent Document severity: - Acute - Chronic Document severity: - Acute - Chronic Document any coexisting COPD If acute, document: - Causal organism, when known - Simple - Mucopurulent Or - Both Document - GERD, Angina, Pleurisy, Acute MI, Anxiety, etc. Document: - Chronic Document: - Chronic - Chro | | sequestration, etc.) | | |
| Anxiety Document: - Generalized anxiety - Mixed anxiety - Panic w/o agoraphobia Document severity: - Mild - Moderate - Severe - Acute - Status Asthmaticus Document any tobacco use, abuse, dependence, or exposure Document severity: - Acute - Status Asthmaticus Document any coexisting COPD - Persistent Document severity: - Acute - Chronic Document location: - Precordial - Anterior vall - Anterior vall Document: - Chronic Document - Precordial - Anterior vall - Anterior vall Document: - Chronic | | - Blood loss (acute, chronic, | | |
| Anxiety - Generalized anxiety - Mixed anxiety - Panic w/o agoraphobia Document severity: - Mild - Moderate - Severe - Acute - Status Asthmaticus Document any coexisting COPD - Persistent Document severity: - Acute - Chronic - Chronic Document location: - Precordial - Intercostal - Anterior wall Document: - Chronic - Chro | | postoperative) | | |
| Asthma Document severity: - Mild - Moderate - Severe - Severe - Intermittent - Persistent - Chronic Document location: - Precordial - Intercostal - Anterior wall Document - Chronic Document - Chronic - Mild - Moderate - Mild - Moderate - Moderate - Severe - Acute - Status Asthmaticus - Acute - Status Asthmaticus - Coument any coexisting COPD - Document any tobacco use, abuse, dependence, or exposure If acute, document: - Causal organism, when known - Simple - Mucopurulent - Cor - Both - Mocopurulent - GERD, Angina, Pleurisy, Acute MI, Anxiety, etc GERD, Angina, Pleurisy, Acute MI, Anxiety, etc With acute lower respiratory tract infection - Acute exacerbation - Acute exacerbation - With acute lower respiratory tract infection - Sociment: - With acute lower respiratory tract infection - Specify type of infection) | | Document: | | |
| Asthma Document severity: - Mild - Moderate - Severe - Severe - Status Asthmaticus - Persistent - Chronic Document severity: - Acute - Chronic Document location: - Precordial - Intercostal - Anterior wall - Chronic Obstructive Pulmonary Disease Document: - Causal organism, Pleurisy, Acute - Chronic - Chronic - Chronic - Chronic - Moderate - Mild - Moderate | Anxiety | - Generalized anxiety | | |
| Asthma Document severity: | , and early | - Mixed anxiety | | |
| Asthma - Mild - Moderate - Severe - Severe - Severe - Status Asthmaticus - Status Asthmaticus - Chronic - Chronic - Mild - Moderate - Severe - Severe - Status Asthmaticus - Status Asthmaticus - Status Asthmaticus - Status Asthmaticus - Coument any coexisting COPD - Document any coexisting COPD - Persistent - Causal organism, when known - Causal organism, when known - Simple - Mucopurulent - With acute lower respiratory tract infection - With acute lower respiratory tract infection - Simple - Mucopurulent - Simple - Mucopurulen | | - Panic w/o agoraphobia | | |
| - Moderate - Severe - Status Asthmaticus - Document any tobacco use, abuse, dependence, or exposure - Persistent - Persistent - Acute - Chronic - Acute - Chronic - Chronic - Precordial - Intercostal - Anterior wall - Acute - Chronic - Acute - Chronic - Pocument location: - Precordial - Intercostal - Anterior wall - Anterior wall - Chronic Obstructive - Chronic - Acute exacerbation - Acute exacerbation - Severe - Status Asthmaticus - Coument any coexisting COPD - Document: - Causal organism, when known - Causal organism, when known - Chronic, document: - Simple - Mucopurulent Or - Both - Precordial - Mypozemia and hypozemia and hypercapnea - With Asthma (and type of asthma) | | Document severity: | Document level of | Document external forces |
| - Severe - Acute - Status Asthmaticus Document any tobacco use, abuse, dependence, or exposure Document severity: | Asthma | - Mild | exacerbation: | to establish a cause and |
| - Status Asthmaticus Document any tobacco use, abuse, dependence, or exposure - Intermittent - Persistent Document severity: - Acute - Chronic Document location: - Precordial - Intercostal - Anterior wall Document: - Chronic - Chronic Document: - Chronic - Chronic Document underlying cause: - GERD, Angina, Pleurisy, Acute MI, Anxiety, etc. Document: - With acute lower respiratory tract infection - Acute exacerbation - Status Asthmaticus Document any tobacco use, abuse, dependence, or exposure If chronic, document: - Simple - Mucopurulent Or - Both Document presence of hypoxemia and hypercapnea - With Asthma (and type of asthma) | | - Moderate | - Uncomplicated | effect relationship |
| Document frequency: - Intermittent - Persistent Document severity: - Acute - Chronic Document location: - Precordial - Intercostal - Anterior wall Document: - Anterior wall Document: - Chronic Document: - Chronic Document: - Chronic Document underlying cause: - GERD, Angina, Pleurisy, Acute MI, Anxiety, etc Mucopurulent Or - Both - Document presence of hypoxemia and hypercapnea hypercapnea Document: - With acute lower respiratory tract infection (specify type of infection) | | - Severe | - Acute | |
| - Intermittent - Persistent Document severity: - Acute - Chronic - Chronic - Precordial - Intercostal - Anterior wall Document: - Anterior wall Document: - Chronic - Chronic - Chronic - Chronic - Acute exacerbation - Chronic - Acute exacerbation - Chronic operation (specify type of infection) - Chronic operation (specify type of infection) - Chronic operation - Chronic operation - Acute exacerbation - Chronic operation - Chronic operation - Chronic operation - Chronic operation - Acute exacerbation - Chronic operation - Chronic ope | | | - Status Asthmaticus | Document any tobacco use, |
| - Persistent Document severity: - Acute - Chronic - Causal organism, when known - Chronic - Causal organism, when known - Chronic - Causal organism, when known - Chronic - Both - Mucopurulent Or - Both - Mypoxemia and hypoxemia and hypercapnea - Anterior wall - Anterior wall - Chronic - Chronic - Chronic - Chronic - Acute exacerbation - Acute exacerbation - Causal organism, when known - Simple - Mucopurulent Or - Both - Document presence of hypoxemia and hypercapnea - With Asthma (and type of asthma) | | Document frequency: | | abuse, dependence, or exposure |
| Bronchitis Document severity: | | - Intermittent | Document any coexisting COPD | |
| - Acute - Chronic - Causal organism, when known - Simple - Mucopurulent Or - Both - Precordial - Intercostal - Anterior wall - Anterior wall - Chronic Obstructive - Chronic Obstructive - Acute exacerbation - Causal organism, when known - Causal organism, when known - Coussil - Mucopurulent Or - Both - Document underlying cause: - GERD, Angina, Pleurisy, Acute MI, Anxiety, etc GERD, Angina, Pleurisy, Acute MI, Anxiety, etc With acute lower respiratory - With Asthma (and type of asthma) | | - Persistent | | |
| - Chronic | | - I | If acute, document: | If chronic, document: |
| - Chronic - Acute exacerbation - Chronic | Bronchitis | | - Causal organism, when known | -Simple |
| Chest Pain Document location: - Precordial - Intercostal - Anterior wall Chronic Obstructive Pulmonary Disease Document underlying cause: - GERD, Angina, Pleurisy, Acute MI, Anxiety, etc. Document: - GERD, Angina, Pleurisy, Acute MI, Anxiety, etc. Document: - With acute lower respiratory tract infection (specify type of infection) - Both Document presence of hypoxemia and hypercapnea - With Asthma (and type of asthma) | | - Chronic | | -Mucopurulent |
| Chest Pain Document location: - Precordial - Intercostal - Anterior wall Chronic Obstructive Pulmonary Disease Document location: - Precordial - Precordial - Intercostal - Anterior wall Document: - Chronic - Acute exacerbation Document: - With acute lower respiratory tract infection (specify type of infection) Document presence of hypoxemia and hypoxemia and hypercapnea Pulmonary Disease Document presence of hypoxemia and hypercapnea - With Asthma (and type of asthma) | | | | Or |
| Chest Pain - Precordial - Intercostal - Anterior wall Chronic Obstructive Pulmonary Disease - Precordial - Intercostal - Anterior wall - Occument: - Chronic - Acute exacerbation - GERD, Angina, Pleurisy, Acute hypoxemia and hypercapnea - Occument: - With acute lower respiratory tract infection (specify type of infection) - GERD, Angina, Pleurisy, Acute hypoxemia and hypercapnea - With Asthma (and type of asthma) | | | | -Both |
| - Intercostal - Anterior wall Document: - Chronic Obstructive Pulmonary Disease - Intercostal - Anterior wall Document: - Chronic - Chronic - Acute exacerbation - Intercostal - Anxiety, etc. Document: - With acute lower respiratory tract infection (specify type of infection) | | Document location: | Document underlying cause: | Document presence of |
| - Intercostal - Anterior wall Document: - Chronic Obstructive Pulmonary Disease - Intercostal - Anterior wall Document: - Chronic - Chronic - Acute exacerbation MI, Anxiety, etc. Pucument: - With acute lower respiratory tract infection (specify type of infection) (specify type of infection) | Chest Pain | - Precordial | - GERD, Angina, Pleurisy, Acute | hypoxemia and |
| - Anterior wall Document: Document: Document: - With acute lower respiratory - With Asthma (and type of asthma) Pulmonary Disease Chronic - Acute exacerbation Cspecify type of infection Cspecify ty | ccot i dili | - Intercostal | MI, Anxiety, etc. | hypercapnea |
| Chronic Obstructive Pulmonary Disease - Chronic - Chronic - With acute lower respiratory tract infection - Acute exacerbation - With Asthma (and type of asthma) | | - Anterior wall | | |
| Pulmonary Disease - Acute exacerbation tract infection (specify type of infection) | | Document: | Document: | Document: |
| Pulmonary Disease - Acute exacerbation tract infection (specify type of infection) asthma) | Chronic Obstructive | - Chronic | - With acute lower respiratory | - With Asthma (and type of |
| - I (Specify type of intection) | | - Acute exacerbation | tract infection | asthma) |
| | Bulmonary Disease | | | • |
| (COPD) Document any tobacco | Pulmonary Disease | | (specify type of infection) | |
| use, abuse, dependence, | Pulmonary Disease (COPD) | | (specify type of infection) | Document any tobacco |
| or exposure | · · · · · · · · · · · · · · · · · · · | | (specify type of infection) | , |





| Diagnosis D | ocumentation | Requireme | nts |
|-------------|--------------|-----------|-----|
| | | | |

| Diagnosis | Documentation Requireme | 1103 | |
|---|---|---|---|
| Congestive Heart Failure (CHF) | Document acuity: - Acute - Chronic - Acute or chronic | Document type: - Systolic (include ejection fraction) - Diastolic - Combined | List any casual relationships: - Hypertension - Chronic kidney disease - Obstetric surgery/procedures - Surgery |
| | Specify if rheumatic heart failure | | 3. 0. 1 |
| Coronary Artery Disease (CAD) | Document: - With or Without Angina - Type of Angina (Stable, Unstable, Spasm, etc.) Specify when the cause is a lipid rich plaque or calcified coronary | Document site (vessels): - Native arteries - Bypass graft (autologous artery or vein, nonautologous vessel) | Document site (vessels) of transplanted heart: - Native arteries - Bypass graft Document any tobacco use, abuse, dependence, or exposure |
| | lesion (note also if chronic total | | |
| Dementia | occlusion) Document: - With behavioral disturbance - Without behavioral disturbance | Document underlying condition (e.g. Alzheimer's, Parkinson's, Vit B deficiency) | Document vascular dementia as a result of infarction |
| Diabetes Mellitus | Document type: - Type I or Type II - Long-term insulin use for Type II Document any cause/effect relationship between diabetes and other conditions (e.g., PVD, Ulcer, Neuropathy, etc.) | Document: insulin underdosing or overdosing related to insulin pump malfunction Document any underlying condition, drug or chemical responsible for secondary diabetes (e.g., steroid induced) | Differentiate: - Diabetes accompanied by hypoglycemia OR hyperglycemia |
| Drug Underdosing | Document type: - Intentional versus - Unintentional | Document reason for underdosing, such as: - Financial hardship or - Age related dementia | |
| Esophageal Reflux | Document: - With or without esophagitis | | |
| Examinations | Differentiate: - Adult annual exam w/o abnormal findings - Adult annual w/ abnormal findings | Differentiate:: - Pre-employment exam - Admission to school - Participation in sport | Differentiate: - Exam of blood pressure w/o abnormal findings - Exam of blood pressure w/ abnormal findings |
| Gout | Document acuity: - Acute - Chronic Document any related diseases | Identify joint Document laterality: - Right - Left - Bilateral | Document if tophia is present or not |
| Hepatic Failure/Hepatic Encephalopathy | Document: -Acute/subacute -Chronic -If with hepatic coma | Document etiology: -Due to alcohol or drugs | If you're intended or suspected diagnosis is hepatic failure/encephalopathy, document it in addition to signs or symptoms, such as confusion, altered levels of consciousness, or coma. |





| internal & denathic Medicine Tip Sheet for ICD-10 | | | |
|---|--|---|--|
| Diagnosis D | Ocumentation Requireme | nts | |
| Hypothyroidism | Specify type: - Post-infection - Acquired atrophy - Post-surgical - Myxedema coma - Due to drug/substance (list name) - Subclinical iodine-deficiency - Congenital | Clarify congenital etiology as: - Iodine-deficiency syndrome - Goiter - Atrophy - Other | Detail type of iodine-deficiency: - Neurological - Myxedematos - Mixed Describe any associated mental retardation |
| Kidney & Ureter Disorder | Document acuity: - Acute - Chronic Document any organism or infectious agent causing a problem | Document location and laterality of calculi Identify underlying cause or state of 'unknown etiology' | Document presence OR absence of hematuria Document information regarding associated drug or toxic agent |
| Major Depressive Disorder | Document episode: - Single - Recurrent | Document severity: - Mild - Moderate - Severe w/o psychotic symptoms - Severe w/ psychotic symptoms | Indicate status: - Full remission - Partial remission |
| Malnutrition | Document type, such as: - Protein calorie - Protein energy | Document severity: - Mild or 1 st degree - Moderate or 2 nd degree - Severe or 3 rd degree | Document BMI |
| Neoplasms | Document specific site Document laterality: - Right - Left - Bilateral | Detail when a patient has presented for a specific treatment related to the neoplasm (e.g., surgical removal, chemotherapy, immunotherapy, radiation therapy) | Document morphology: - Malignant - Benign - In situ - Uncertain behavior - Unspecified behavior |
| Osteoporosis | Indicate the presence of current pathological fractures Identify the current fracture site | Document encounter type: - Initial - Subsequent - Sequela Document any major osseous defect | Document healing status: - Routine - Delayed - Nonunion - Malunion |
| Pancreatitis | Document type: -Acute -Chronic | Document etiology, show cause and effect: -Idiopathic acute pancreatitis -Alcohol induced acute pancreatitis | |
| Pneumonia | Document type: - Bacterial (specify organism) - Viral - Aspiration (specify substance) - Fungal - Ventilator Associated - Other | Document associated conditions: - Sepsis - HIV disease - Influenza - Other | Document any tobacco use, abuse, dependence or exposure |
| Pressure Ulcers | Must document diagnosis of pressure ulcer | Document site and stage | Note: Stage of pressure ulcer can be taken from nursing notes |
| Pulmonary Embolism | Document type, such as: - Saddle - Septic | Document cor pulmonale if present and whether it is: - Acute | Specify if: -Chronic (still present) Versus -Healed (old |

- Chronic

-Healed/old

ambiguous

-Note that "history of PE" is





| Diagnosis D | ocumentation Requireme | nts | |
|----------------------------------|--|---|---|
| Respiratory Failure | Document acuity: - Acute - Chronic - Acute and chronic | Document: - With hypoxia and/or hypercapnea Document any tobacco use, | Differentiate between: - Respiratory Distress Syndrome - Respiratory Arrest - Post procedural Respiratory Failure |
| Sepsis | Document: - Systemic type or causal organism Do NOT use the term UROSEPSIS (consider UTI with Sepsis) Document: Present on | abuse, dependence or exposure Document: - Circulatory failure related to Sepsis and/or Septic Shock - Severe Sepsis with specific related acute organ dysfunction | Document: - Related local infections (Pneumonia, Cellulitis, UTI, Catheter related UTI, Infected Dialysis Catheter, etc.) |
| Sinusitis | admission vs. hospital acquired Document acuity: - Acute - Chronic - Acute Recurrent | Document location: - Maxillary - Frontal - Ethmoidal - Sphenoidal - Pansinusitis | Document any tobacco use, abuse, dependence, or exposure |
| Tobacco Use Disorder | Document type: - Cigarettes - Chewing tobacco - Other Delineate between: - Tobacco use/abuse - Tobacco dependence | Document state of dependence: - In remission - With withdrawal - Without withdrawal | Document if used during pregnancy, childbirth, and puerperium Describe history, including product and time |
| Urinary Incontinence | Document type: - Urge - Incontinence w/o sensory awareness - Post-void dribbling - Nocturnal enuresis | Document type: - Continuous leakage - Mixed incontinence - Overflow | |
| Urinary Tract Infection (UTI) | Document Site: - Bladder - Urethra - Kidney | Document if UTI is related to a device, such as Foley Catheter or Cystostomy tube Document causative organism, if known | Do NOT use the term UROSEPSIS (consider UTI with Sepsis) |
| Procedures | Documentation Requirer | ments | |
| Nebulizer Therapy | Document approach: - Percutaneous - Via natural or artificial opening - Percutaneous endoscopic - Via natural or artificial opening endoscopic | | |
| Transfusion | Document: - Substance transfused: (FFP, RBC, albumin, etc.) - Autologous or nonautologous | Document when blood was collected: - Prior to surgery - Intraoperative/perioperative/ post-operative (24 HR period surrounding surgery) - Previously collected - Salvage (24 HR period surrounding surgery) | Document site of administration: - Central artery or vein - Peripheral artery or vein Document approach: - Open - Percutaneous |