

General Surgery Documentation Tips

Common Documentation Needs for ICD-10

- Acute diagnosis, Chronic diagnosis
- Acute on Chronic = exacerbated, decompensated
- Which side is affected: Left or Right?
- Which side is 'dominant'? (if appropriate)
- Initial evaluation/ treatment
- Subsequent evaluation/ treatment
- Sequelae of event

History and Physical / Consultation Tips

Note in:

HPI: Acute diagnoses, any Chronic diagnoses that are now decompensated, (which = 'Acute on Chronic')

Do not use "MultiOrgan System Failure" or MODS

— name individual organ failures

"failure" and "insufficiency/distress" are not the same thing

Do not use "Global Developmental Delays"

Identify location, timing, modifying factors, etc.

Chronic Ongoing Medical Problems (COMP): such as, Malnutrition, Diabetes, HTN, CKD, CF, IBD, ChrRespFail, Heart Failure (specify systolic/diastolic when known), etc.

These are diagnoses that you are going to treat/ monitor while inpatient and they may change how you treat the patient

— they contribute to severity of illness and Complexity of

Medical Decision making (CoMD)

When listed as COMP, if they remain stable throughout stay,

they don't have to be mentioned again until the D/C Summary

Link home medications with the COMP for which it is taken

Do NOT put these in your PMH

PMH: Diagnoses that are over and done with, may contribute to CoMD, but are NOT Chronic Ongoing Medical Problems

ROS: This is not intended to be a restatement of HPI issues—

system by system, note pertinent positives and negatives

Assessment or Impression: However you choose to organize this section, make sure that you include DIAGNOSES, not just data such as labs, imaging studies, vitals, etc.

• if *uncertain of dx*, but tx'ing like that diagnosis is present:

For *Inpatients* use one of the following:

Presumed, Probable, Likely, Suspected; then diagnosis

For *Outpatients/OBS:* use symptoms you are evaluating

Plan: This does not have to list dx, but if you do include them,

put them with the plan that is dealing with that dx.

Discharge Summary Tips

- List all diagnoses that were tx'd, evaluated, monitored, increased LOS, or used resources = valid secondary dx
- Include all dx from MICU, SICU, when discharged
- Note Acute problems "improved" or "resolved"
- Note Acute problems which have become Chronic
- Note *Treated* uncertain diagnoses with use of "Probable", etc.
- Avoid symptom dx when specific diagnoses are known

Non-Compliance

Note if patient has been noncompliant of: Diet, Medication-undersourcing that is intentional/ unintentional, for financial or age related issue, related to renal dialysis, other medical tx

Hypertension

- It is important to differentiate primary HTN conditions from secondary HTN; when secondary, note the diagnosis that is the cause, such as CKD, DM nephropathy, Pheo, PCOS, Neuroblastoma, OSA, Coarctation, etc.
- It is as important to note the effects of HTN, such as stroke or cardiomyopathy, as it is to note the HTN itself
- Do not use diagnosis of HTN with transient elevation of BP, such as due to caffeine use, stress, anxiety, etc.

Malnutrition

- Identify as "Malnutrition" not FTT, underweight, thin, frail, undernourished, emaciated, cachectic appearing, etc.
- Note cause if known
- **Stage** malnutrition by % baseline weight lost per time
 - Mild (<1% in a week, <4% in a month, <6% in 3 months)
 - Moderate (1-2% in a wk, 4-5% in a mo, 6-7.5% in 3 mo)
 - Severe (>2% in a wk, >5% in a mo, >7.5% in 3 mo, BMI<16)
- Use dietician consult if present—get one if needed!
- Note Acute Malnutrition in: sepsis, trauma, complex surgery
- Stage acute malnutrition by clinical criteria:
 - moderate or severe

Obesity/Morbid Obesity

- Note Dx and BMI, if known
 - Obesity = BMI ≥35 and <40
 - Morbid obesity - BMI ≥40
 - Note cause (i.e. nutrition, drugs, thyroid disorder)
- ### Diabetes
- Identify Type 1 or Type 2 or secondary
 - Name secondary cause such as CF, steroid-related, post pancreatectomy, pituitary/ adrenal tumors, etc.
 - Note if controlled or uncontrolled (HbA_{1c}>8)
 - Name any complications of DM, i.e. "-opathies"
 - Note Hyperglycemia or Hypoglycemia that is not DM and note the presumed cause

Acute Renal Failure/AKI—

- note the cause:
 - Sepsis, hypoperfusion (due to hemorrhage, dehydration, DI, trauma, bypass, etc.), nephrotic syndrome— note pathology
 - Syndromes— Cardorenal (note with Heart Failure and type), HUS, Hepato-renal, Pulmonary-renal, etc.
- ### Chronic Kidney Disease (CKD) —

- Stage when known
- do not use **CRF** or **CRF—**
- Note what disease is the cause: obstructive uropathy, reflux, aplasia/hypoplasia/dysplasia, polycystic dz, Alport Syndrome, glomerulonephritis, etc.
- Note sequelae: HTN, SHPT, etc.
- **Developmental Delays**
- Identify individual delays-sensory, motor, mixed, language
- Intellectual Disability-note mild, moderate, severe, profound

Anemia— "Hgb = x" is not a diagnosis

Acute — note when due to blood loss

- Specify when expected d/t procedure, injury, etc., or d/t trauma, gross hematuria, blood drawing, etc.

Chronic— note when due to blood loss

- Anemia due to chemotherapy (treatment)
- Anemia of neoplastic disease (tumor)
- Anemia of CKD (ESRD)
- Anemia of other chronic disease

Note other specific disease: such as Sickle Cell, Hepatitis, SLE, note specific blood destroying disorder— ABO, etc.

Psych/ Social Issues

Abuse

If suspicious, note whether physical or psychological

Chronic Somatic Pain: d/t? stress, anxiety, depression, etc.

Suicidal/ Homicidal Ideation: note thoughts or planning

Drug Abuse— Note specific drug abused

- Identify any physical or mental effect related to drug abuse or withdrawal
- Note if continuous, episodic, or in remission
- Do not use "abuse of multiple substances" or similar language— be specific which drugs

Depression

- Note if single or recurrent episode and
- Note mild, moderate, severe and with/ without psychotic features or anxiety

Schizophrenia/ Bipolar Disorder

- SD—Note cause, and if acute, paranoid, schizoaffective, reactive, chronic, latent or borderline
- BD—Note if psychosis and specify mild, moderate, severe

Anorexia/ Bulimia

- Note Nervosa—binge type or purging type
 - Note if Malnutrition present—stage mild, moderate, severe
- #### Infectious States

SEPSIS — note "DUE TO" ...

- Pneumonia, Cellulitis, Osteo, trauma, meningitis, UTI, meningococemia, immunocompromised pt (d/t), etc.
- Note & LINK organism if known;

if *uncertain of dx*, but tx'ing like that organism is present: For *Inpatients* use one of the following:

Presumed, Probable, Likely, Suspected; then diagnosis

Positive blood culture is NOT required—treatment is!

- Specify if the source is an infected device or catheter
- Do not use "Urosepsis"—state "Sepsis d/t UTI with _____"
- Do not use "Sepsis-like Syndrome" or similar— if you are going to treat like it is Sepsis, call it Sepsis— see above
- Use "Bloodstream infection with _____" not "Bacteremia"
- *Bacteremia* alone is a lab result with no severity— be specific
- Note "fever in an immunocompromised host" d/t chemo, etc.
- *SIRS* is the same *clinical picture*, but *not infection related*