

You Document:	CDI Needs Diagnosis:	EPIC Dot (.) Phrase	FYI
Altered Mental Status or Delirium	<p><b>ACUTE TOXIC or METABOLIC ENCEPHALOPATHY</b></p> <p><i>*Metabolic:</i> hypoxia, hypercarbia, dehydration, organ failure, electrolyte abnormalities, hypoglycemia, infection, sepsis</p> <p><i>*Toxic:</i> due to ingestion of substance/drug</p>	.ICD10ENCEPHALOPATHY	Encephalopathy is generalized brain dysfunction due to underlying systemic factors causing acute mental status alteration that returns to baseline when corrected. Altered mental status does not exist in coding terms. Metabolic (or toxic) encephalopathy is an MCC (major comorbid condition) and increases the patient's documented severity of illness.
Dietary Consult	<p><b>MALNUTRITION (Type and Acuity)</b></p> <p><i>Type:</i> Protein or Calorie <i>Acuity:</i> Moderate or Severe</p>	.ICD10MALNUTRITION	Can only diagnose malnutrition by using ASPEN or GLIM criteria which dietary consult will accomplish
Acutely Elevated Creatinine	<p><b>ACUTE KIDNEY INJURY or ACUTE RENAL FAILURE (don't use "insufficiency")</b></p>	.ICD10KIDNEYFAILURE	Acute Kidney Injury = Creatinine 1.5x baseline or a rise in creatinine of 0.3 during hospital stay
Chronic Kidney Disease + GFR	<p><b>CHRONIC KIDNEY DISEASE (indicate which stage)</b></p> <p>Stage 1: GFR ≥ 90 Stage 2: GFR 60-89 Stage 3a: GFR 45-59 Stage 3b: GFR 30-44 Stage 4: GFR 15-29 Stage 5: GFR &lt; 15 End Stage Renal Disease</p>	.ICD10KIDNEYFAILURE	Chronic Kidney Disease = kidney damage or GFR < 60 for 3 plus months  PLEASE SPECIFY STAGE
Decrease in HGB or HCT	<p><b>ANEMIA (specify type)</b></p> <p><i>*Acute blood loss (drop in HGB &gt; 1 gram or drop in HCT &gt; 3)</i> <i>*Chronic blood loss anemia</i> <i>*Due to chemo or meds</i> <i>*Due to disease, CKD, cancer</i> <i>*Hemolytic</i> <i>*Due to deficiencies (eg – iron, B12)</i></p>	.ICD10ANEMIA	Specify source or type of anemia  PLEASE DO NOT USE THE TERM "EXPECTED" POST-OP ANEMIA
Wound-Ostomy Nurse Note	<p><b>DOCUMENT SKIN ULCER (type of ulcer, location, stage and whether present on admission)</b></p> <p>Type – pressure, ischemic, neuropathic, etc Stage 1, 2, 3, or 4 (tissue layer: depth) Stage 1: not yet broken through the skin. Stage 2: have a break in top two layers of skin. Stage 3: top two layers of skin, and fatty tissue. Stage 4: deep wounds that may impact muscle, tendons, ligaments, and bone.</p>	.ICD10SKINULCER	Physician is responsible for documenting ulcer <b>site</b> and <b>depth</b> as well as <b>Present On Admission (POA)</b> status.  POA status is important to document because it decreases the potential for the ulcer to be attributed to the care provided during the current hospital stay.
Atrial fibrillation	<p><b>ATRIAL FIBRILLATION (specify type)</b></p> <p><i>*Paroxysmal afib (&lt;7 days)</i> <i>*Chronic paroxysmal afib (intermittent afib &gt; 3 months)</i> <i>*Persistent afib (continuous afib &gt; 7 days)</i> <i>*Chronic afib, unspecified type (any type of afib &gt; 3 months)-includes pacemaker patients still in afib under pacer</i> <i>*History of afib (successful catheter ablation)</i></p>	.ICD10ATRIALFIBRILLATION	CHRONIC ATRIAL FIB IF PATIENT HAS HAD A FIB FOR > 3 MONTHS
Respiratory distress + hypoxia or hypercapnia	<p><b>ACUTE RESPIRATORY FAILURE</b></p> <p><i>*Altered mentation</i> <i>*Resp. distress, Labored breathing on exam</i> <i>*Tachypnea, Dyspnea with speaking or at rest</i> <i>*Cyanosis</i> <i>*Tripoding</i> <i>*Retractions</i> <i>*Evidence of hypoxia or hypercapnia (NEEDED)</i></p>	.ICD10RESPIRATORYFAILURE	If hypoxic should require oxygen therapy.

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Continuous home oxygen therapy	<b>CHRONIC RESPIRATORY FAILURE</b>  *Continuous home O2	.ICD10RESPIRATORYFAILURE	Cannot be only nocturnal or intermittent home O2
Elevated troponin + signs of ischemia	<b>MYOCARDIAL INFARCTION (specify type)</b>  TYPE 1 MI: STEMI or NSTEMI (due to acute coronary artery obstruction) TYPE 2 MI: Due to supply-demand mismatch  *Elevated troponin and *Evidence of ischemia *EKG changes c/w ischemia (new LBBB, ST segment changes, new inverted T waves, new Q waves) *Chest pain or *ECHO with new wall motion abnormality	.ICD10AMI	**Elevated Troponin <b>without</b> signs of ischemia is myocardial injury or non-MI elevated troponin.  PLEASE AVOID THE TERM DEMAND ISCHEMIA
Sepsis + organ dysfunction	<b>SEVERE SEPSIS</b>  <ul style="list-style-type: none"> <li>• Infection plus SIRS</li> <li>• SIRS criteria (need 2)               <ul style="list-style-type: none"> <li>◦ T &gt;100.9 or &lt; 96.8</li> <li>◦ HR &gt; 90</li> <li>◦ RR &gt;20</li> <li>◦ WBC &gt;12,000 or &lt; 4,000</li> </ul> </li> </ul> <b>Severe Sepsis</b> <ul style="list-style-type: none"> <li>• Meets criteria for sepsis plus organ dysfunction</li> </ul> <b>Organ Dysfunction</b> <ul style="list-style-type: none"> <li>◦ Relative hypotension- drop in SBP 40 MM hg from baseline</li> <li>◦ Hypotension (MAP &lt; 65)</li> <li>◦ Lactate &gt;2</li> <li>◦ Decreased capillary refill, skin mottling or cyanosis</li> <li>◦ Ileus or absent bowel sounds</li> <li>◦ Altered Mental Status (GCS &lt; 15)</li> <li>◦ INR &gt;1.5</li> <li>◦ Platelets &lt; 100,000</li> <li>*Creatinine &gt; 2</li> <li>◦ Urine output &lt; 0.5cc/kg/hr</li> <li>◦ Acute respiratory failure</li> <li>◦ Bilirubin &gt;2</li> <li>◦ SOFA score &gt;2</li> </ul>	.ICD10SEPSIS	*Persistent hypotension requiring pressors = SEPTIC SHOCK  Infection + SIRS = sepsis  SIRS positive with NO infection – just document SIRS  Bacteremia does NOT equate to sepsis.  PLEASE DO NOT USE UROSEPSIS!  We will only query if there is evidence of organ dysfunction.
Edema + IV Lasix	<b>ACUTE HEART FAILURE (must specify type and chronicity)</b>  *Systolic HF, HFrEF – EF = 40% or less *Diastolic HF, HFpEF – EF = 50% or more *EF = 41-49% - HFmrEF (heart failure with midrange EF) – decide if systolic or diastolic  ACUTE CHF (decompensated or exacerbation = acute) Exacerbation of symptoms – rales, edema, dyspnea, elevated JVP BNP > 100 or Pro-BNP > 300 IV Lasix Supplemental O2  CHRONIC CHF Echo findings, chronic meds for heart failure	.ICD10HEARTFAILURE	Distinguish heart failure from just FLUID OVERLOAD.  Pulmonary edema does not equate to CHF. Specify cause of pulmonary edema.  Heart failure with persistent hypotension lasting > 30 minutes is CARDIOGENIC SHOCK.