**Clinical Terms**

<table>
<thead>
<tr>
<th>Term</th>
<th>Specific &amp; Accurate Diagnostic Terms</th>
</tr>
</thead>
<tbody>
<tr>
<td>K, Na</td>
<td>Hypokalemia, hyperkalemia</td>
</tr>
<tr>
<td>K, Na</td>
<td>Hypokalemia, hyperkalemia</td>
</tr>
<tr>
<td>Repeat Replace Lyes</td>
<td>Site and laterality; left lower lobe of lung, main bronchus, etc.</td>
</tr>
<tr>
<td>Neoplasm</td>
<td>Document primary versus metastatic sites</td>
</tr>
<tr>
<td>Tobacco Exposure/Use</td>
<td>Use, dependence, or withdrawal</td>
</tr>
<tr>
<td></td>
<td>Type: cigarettes, chewing tobacco, etc.</td>
</tr>
<tr>
<td></td>
<td>Document if currently using tobacco or not</td>
</tr>
<tr>
<td></td>
<td>Note that “history of smoking” is ambiguous</td>
</tr>
</tbody>
</table>

**Basic Documentation**

**Always document** (in Diagnosis form):

- **Reason for admission**
  - The cause of preventing symptoms
  - If cause is not definitive please indicate “suspected,” “possible,” or “likely” etiology instead of one diagnosis versus another diagnosis
  - Clarify after testing, any suspected diagnoses that have been eliminated

- **Secondary Diagnoses**
  - Diagnosis corresponding to medications continued during the hospital stay; this includes diabetes, chronic obstructive/idiopathic CHF, mitral valve, COPD, and malnutrition
  - The acuity of the current diagnosis (acute, chronic, acute on chronic)

- **The clinical significance of abnormal testing**
  - Avoid the use of arrows/symbols and abbreviations
  - Use C.Diff instead of “+ C/Diff”
  - Use hyperkalemia instead of “(Na) |
  - Use anemia with type instead of “H” |
  - Add relevant findings from reports such as X-ray, CT, MRI, Pathology, Labs etc.
  - Correlate GFR% with appropriate KDIGO Staging (I-V)

Document these diagnoses as current medical conditions, as they cannot be coded from past medical history.

- **Present on Admission (POA)**

  Need to document whether secondary diagnoses are “POA,” “Not POA,” or “Unable to Determine if POA.”

These diagnoses may not be included in the history and physical.

**Examples include:**

- Catheter-associated urinary tract infections
- Ulcers: identify type, location, and stage you may request a wound care consult for staging
- Deep vein thrombosis: if identified after further study (i.e., second day of stay)
- Sepsis: if identified after further study (i.e., second day of stay)
- Acute pulmonary embolism
- Diabetic ketoacidosis
- Vascular catheter associated infections

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**Pulmonology Documentation Tips**

**Clinical Terms**

<table>
<thead>
<tr>
<th>Term</th>
<th>Specific &amp; Accurate Diagnostic Terms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td>Severity and type: mild, moderate, or severe</td>
</tr>
<tr>
<td></td>
<td>Intermittent or persistent</td>
</tr>
<tr>
<td></td>
<td>Status: uncomplicated, acute exacerbation, or status asthmatic</td>
</tr>
<tr>
<td>Bronchitis</td>
<td>Document severity: acute or chronic</td>
</tr>
<tr>
<td></td>
<td>If acute, document causal organism, if known</td>
</tr>
<tr>
<td></td>
<td>If chronic, document simple or mucopurulent</td>
</tr>
<tr>
<td>Chronic Obstructive Pulmonary Disease (COPD)</td>
<td>Specify if acute exacerbation of COPD</td>
</tr>
<tr>
<td></td>
<td>Chronic hypoxic or hypercapnic respiratory failure (e.g., hypoxic on room air, requiring chronic O2)</td>
</tr>
<tr>
<td></td>
<td>Document associated conditions: respiratory failure (acute, chronic), cor pulmonale (acute, chronic), pneumonia, bronchitis, CHF, hypoxemia, acute pulmonary edema, etc.</td>
</tr>
<tr>
<td>Emphysema</td>
<td>Document type: unilateral, panlobular, centrilobular, or other type</td>
</tr>
<tr>
<td>HIV</td>
<td>HIV-positive should be classified as asymptomatic or asymptomatic</td>
</tr>
<tr>
<td></td>
<td>Asymptomatic has never shown signs of, and has not progressed to AIDS</td>
</tr>
<tr>
<td></td>
<td>Symptomatic infection, or AIDS, means the patient is currently showing symptoms or has in the past</td>
</tr>
<tr>
<td>Home Use of Oxygen Oxygen Dependence</td>
<td>Document chronic, acute on chronic or acute respiratory failure as supported by clinical indicators</td>
</tr>
</tbody>
</table>

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Clinical Terms

**Specific & Accurate Diagnostic Terms**

- **Malnutrition**
  - Document nutritional status related to unintended weight loss, cachexia, underweight, low albumin, poor appetite, anorexia, TPN. Document obese or morbid obesity if appropriate.
  - **Severity:** mild, moderate, severe
  - **Type of malnutrition:** protein calorie, etc.
  - **Identify underlying cause:** GI surgery, malignancy, bulimia, anorexia nervosa, etc.

**Merck Manual Values Commonly Used to Grade Malnutrition Severity**

<table>
<thead>
<tr>
<th>Type</th>
<th>Weight</th>
<th>BMI</th>
<th>Serum Albumin</th>
<th>Serum Transferrin</th>
<th>Total Lymphocyte Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild</td>
<td>75-85% ideal</td>
<td>18-19</td>
<td>3.1-3.4 g/dl</td>
<td>201-219 mg/dl</td>
<td>1500-1999</td>
</tr>
<tr>
<td>Moderate</td>
<td>16-17</td>
<td></td>
<td>2.4-3.0 g/dl</td>
<td>150-200 mg/dl</td>
<td>800-1500</td>
</tr>
<tr>
<td>Severe</td>
<td>&lt;75% ideal</td>
<td>&lt;16</td>
<td>&lt;2.4 g/dl</td>
<td>&lt;150 mg/dl</td>
<td>&lt;800</td>
</tr>
</tbody>
</table>

**Pneumonia and Pneumonitis**

- **Protopathic Pneumonia**
  - Healthcare Acquired Pneumonia (HCAP)
  - **Ventilator Associated Pneumonia (VAP)**

**Diagnosis**

- **Pneumonia** (bacteriaemia, septicemia, systemic inflammatory response syndrome (SIRS), sepsis, severe sepsis, and septic shock)

**Sepsis**

- Bacteria code to nonspecific finding of bacteria in the blood only. Frequently asymptomatic. Does not indicate illness.

**Septicemia**

- An acute systemic disease associated with pathogenic organisms in the blood. Characteristically, septicemia causes fever, chill, hypotension, prostration, pain, headache, nausea, and/or diarrhea.

**SIRS**

- Defined as a clinical response to an insult, infection, or trauma that includes the following clinical manifestations:
  - Elevated blood sugar in non diabetic
  - Elevated C-reactive protein
  - Fever >100.4°F or hypothermia with a temperature <98.6°F
  - HR >90
  - Leukocytosis, WBC count >12,000
  - Leukopenia, WBC <4,000
  - Tachycardia
  - Hyperventilation
  - HR >90; RR >20
  - Hypotension (systolic BP <90); elevated

**Sepsis** is defined as SIRS due to infection.

- Specify likely possible or probable underlying cause
- Specify if due to implanted device

**Severe sepsis is sepsis with associated organ dysfunction.**

**Septic shock** refers to circulatory failure associated with severe sepsis.

**Common Documentation Tips**

- **Acidosis**
  - Acute: acute or chronic
  - Type: metabolic, respiratory, or lactic acidosis

- **Anemia**
  - Acute: acute or chronic
  - Type: blood loss, hemolytic, hemolysis, faulty red cell production, acute blood loss, acute hemorrhage, post-op blood loss, drug induced/thrombocytopenia, aplastic, etc.

- **Chest Pain**
  - Location: right side, left side, apical, etc.
  - Specify: suspected/most likely known underlying disease: musculoskeletal, angina, GERD, acute MI, chest pain, arrhythmia, etc.

- **CHF**
  - LV Dysfunction
  - Right Sided Heart Failure
  - **Cor Pulmonale**
  - **New York Heart Association**
  - **Functional Class I/II**
  - **Valvular Heart Disease**

- **Drug Underdosing** (by patient)
  - Intentional or unintentional
  - Reason for underdosing, such as financial hardship, polypharmacy, or age-related dementia

- **DVT**
  - Acute, subacute, or chronic
  - Specify laterality and site: which vein(s) atrophy
  - Document if POA and/or past history of
  - Document if recurring
  - Document if anticoagulation is ongoing treatment of current DVT or prophylactic

- **Edema of extremities**
  - Document underlying cause: CHF, hypoxia, coagulopathy, venous stasis, etc.
  - Document, venous insufficiency
  - Document localized versus generalized
  - If localized, document site(s)

- **Hypertension**
  - **TBP, Hypertensive Urgency, Emergency, Crisis**
  - Document primary (essential) or secondary
  - Document cause and-effect relationships (e.g., heart disease, kidney disease, etc.)
  - **Accelerated HTN** (associated end-organ damage)
  - **Malignant HTN** (must have papilledema)

- **Hypotension**
  - **BP, Hemodynamically Unstable**
  - Type: chronic asymptomatic, orthostatic, neurally mediated hypotension, severe (shock related)

- **Pulmonary Insufficiency**
  - Severity: acute or chronic
  - Document cause, if known: shock, trauma, postprocedural
  - Consider “insufficiency” versus “failure”

**Note:** Cannot code from arrows.