### Clinical Terms

**Postoperative Conditions**

- **Anemia**: with type and acuity
- **BP**: Hemodynamic Unstable
  - Hypotension
  - Link to suspected underlying cause (sepsis, shock, volume depletion, dehydration, medications, postoperative, etc.)
  - Hypotension Type: idiopathic, iatrogenic, chronic asymptomatic, orthostatic, neutrally mediated, etc.
  - Shock (specify type(s)): cardiogenic, septic, hemorrhagic, hypovolemic, anaphylactic, etc.

**BP Hypertensive Urgency, Emergency, Crisis**

- Benign/sustained
- Accelerated HTN (associated end-organ damage)
- Malignant HTN (must have papilledema)
- HTN Encephalopathy
- Criteria: SBP > 180 mm of Hg; DBP > 110 mm of Hg

**K, K+ Na, Na+ Replace/Replace Lys**

- Hyponatremia, hypernatremia
- Hypokalemia, hyperkalemia
- Hypotension, hyponatremia

- Document Expected Post Op Blood Loss Anemia

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### Basic Documentation

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

- **Reason for admission**
  - The cause of presenting symptom(s)
  - 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 systolic/diastolic CHF, mitral stenosis, COPD, and manumition
  - 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-DRG codes instead of C-DRG
  - Use hypotension instead of “Na”
  - Use anemia (with type) instead of pH

- Add relevant findings from reports such as X-ray, CT, MRI, Pathology, Labs etc.
- Correlate GFR1% with appropriate CKD Staging (I-V)

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

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### Present on Admission (POA)

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

**POA** 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 (identify if symptomatic (i.e., second day of stay)
- Sepsis if identified later (study i.e., second day of stay)
- Acute pulmonary embolism
- Diabetic ketoacidosis
- Vascular catheter associated infections

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### Orthopedic Surgery Documentation Tips

#### Clinical Terms

<table>
<thead>
<tr>
<th>Blood Loss Anemia</th>
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</thead>
<tbody>
<tr>
<td>Acute, acute, chronic or acute on chronic</td>
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<tr>
<td>If unexpected after surgery, document postoperative anemia due to acute blood loss</td>
</tr>
<tr>
<td>If expected after surgery, document “expected” due to nature of procedure</td>
</tr>
</tbody>
</table>

#### Debridment Wound

- **Debridment (operating room or bedside)**
  - Nonhealing – removal by methods such as brushing, irrigation, scrubbing, washing, ultrasonic etc.
  - Exudation – cutting away of tissue down to healthy, viable, bleeding tissue
    - Include DEPTH4 of debridement (deepest layer of tissue removed: skin, subcutaneous, fascia, muscle, bone)
    - Include instrument used and describe what was excised/removed
  - Document surface area of wound before and after debridement

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