PROVIDER CLINICAL DOCUMENTATION TIPS

General Surgery

"Specificity and detail in the medical record is needed to accurately capture the complexity of the patient you are treating in order to justify and properly identify the resources needed to care for your patient. Your documentation affects the accuracy of publicly reported data including risk adjustment quality measures and outcomes data. "

Always document:

- the reason for admission. Include possible, probable or suspected diagnoses.
- the disposition of each diagnosis, whether confirmed, ruled out, remains possible, etc.
- the clinical diagnoses of significant labs, radiology reports and pathology findings.

"History of" means a condition existed in the past and has completely resolved. Consider "chronic" or drop 'history of' for monitored conditions.

Medical Linkage = "Due to" or "Secondary to"
When two conditions are related. UTI "due to" Foley catheter, Acute Blood Loss Anemia "secondary to" GI bleed.

Always carry through to the discharge summary any diagnoses that have not been ruled out ***and*** any probable/possible/likely diagnoses.

Surgical Pathology – If malignancy is suspected, specify as "possible", "probable", "likely" or "suspect" in progress notes and the DC Summary with statement **"Refer to final pathology report"** (this can eliminate a retrospective query to confirm pathology results).

Always document:
Present on Admission status (POA):

* Decubitus Ulcers: Type, site and stage
* Sepsis: If identified after study and not documented on admission (ETC or H&P notes)
* Catheter associated UTI
* Infection due to Indwelling Device: Dialysis Cath, PICC, PD catheter, Joint Prosthesis, Hickman, Infusion Pump
* Surgical Site Infection - include depth

SPECIFIC SURGICAL TIPS

The Term "Postoperative": Indicates a complication!

- Postoperative does NOT indicate a time frame.
- Use this term only if condition is an unexpected condition or complication of procedure, anesthesia, previous care, failure of device, or late effect of medical treatment.
- **If condition (ileus, puncture, laceration, resp failure-w/hx COPD, ILD etc.) is NOT a complication, document**: Occurring after surgery, Unrelated to surgery, expected, unavoidable, or inherent to procedure

Postprocedural Respiratory Failure
Document only when patient has significant unexpected resp prob **due to procedure** *or vent weaning is beyond normal expectation.*

Specify if due to underlying condition (severe COPD, Asthma, CHF, aspiration pneumonia, pneumothorax.)

OP Notes: Codes come from procedure narratives.
Always Document:

- Condition inherent to procedure
- All procedures
- Intraoperative complications
- Implanted devices
- Lysis + what body parts were released
- Laterality: Left, right
- Tissue and parts removed
- Pathology found
- Unexpected findings

PVD Surgery:
Always specify in documentation:

- Reason or cause for procedure
- Presence of **progression of arteriosclerosis/disease**
- If there is a **failure/complication of previous procedure-bypass graft/stent**

Debridement
Always Document each of the following:

1. Excisional (cut away/remove) or Non-excisional NOT "sharp debridement" (Versa jet, irrigate, brush, clean)
2. Instruments used (scalpel, scissors, forceps, saw, etc.)
3. Deepest level of debridement (skin, fascia, bone)

(.debridement is the dot phrase template)

Acute Kidney Injury: Not Renal Insufficiency

- Increase in Cr level ≥ 1.5x baseline known/presumed within prior **7 days** or
- Increase in Cr level ≥ 0.3mg/dl in prior **48 hrs** or
- UOP: **< 0.5 ml/kg in 6 hrs**

Specify Cause: Dehydration, ↓BP, Diuresis, Contrast
Consider ATN (MCC): Meets criteria for AKI but expected to take >72 hrs to resolve.

Specify Causes of ATN:
IV contrast, Sepsis, Shock, Drugs, Major Surgery, Rhabdomyolysis, Prolonged Hypotension

Chronic Kidney Disease:
Document: CKD Stage

Stage	GFR	Notes
1	≥90	
2	60-89	
3a	45-59	Impacts SOI/ROM
3b	30-44	Impacts SOI/ROM
4	15-29	CC
5	<15	CC
ESRD	Dialysis or transplant	MCC

Chronic Respiratory Failure:
Indicators:
Hypoxic: Chronic use of continuous home O2 = 24 hrs a day. Is NOT Intermittent, exertional, or nocturnal use of O2.
Hypercapneic: Elevated pCO2, elevated bicarb, normal pH (7.35 to 7.45), bipap dependence.

Document Nicotine Dependence Withdrawal:
Patch/other nicotine replacement is ordered

Encephalopathy:

- A medical condition that may cause S/S of delirium.
- Not the same as delirium (a mental disorder or symptom)

Specify Type: Metabolic, Toxic, Hepatic, Septic, Anoxic, Hypertensive, Alcoholic
Metabolic: due to fever, dehydration, infection, acute hypoxia, electrolyte imbalance etc.
Septic: manifestation of severe sepsis.
Toxic: condition due to a toxin/drug which could be iatrogenic or illicit substance.

Acute: reversibility if abnormalities are corrected w/return to baseline. Abnormalities are not corrected, may lead to chronic encephalopathy

Morbid Obesity:

- BMI ≥40
- **OR** BMI 35-39.9 with a comorbid condition (DM, CAD, CHF, OSA, HTN, or ANY chronic condition impacted by habitus).

Malnutrition:

Severe, moderate, mild or unspecified protein-calorie malnutrition (RD documentation)

Hyponatremia is a CC – document need for repeat labs and monitoring.
Use specific term i.e. "hyponatremia"

Acute Blood Loss Anemia (ABLA):

- Drop in HGB of 2 gm or more d/t acute blood loss
- Does *not* require a certain amount of blood loss
- May or may not be symptomatic
- Does *not* require transfusion
- *Not* a post procedural complication unless specified as a complication by provider
- Monitored with additional Hgb labs
- Use specific term i.e. "Acute Blood Loss Anemia", *not* any other language.

PSI: Perioperative Hemorrhage/Hematoma Complication:
Exclusion **for documentation of any known coagulation disorder, where the bleeding or hematoma is explicitly linked**

- Due to congenital or acquired coagulopathies (e.g., due to liver disease)
- Thrombocytopenia
- Medication: "Hemorrhagic d/o due to extrinsic circulating anticoagulants or Drug induced hemorrhagic disorder." Utilized when anticoagulant medication is **taken correctly,** and patient has some sort of bleeding due to anticoagulant

*Applies even if INR is elevated (if taken as prescribed and monitored correctly this is simply an acknowledged risk of warfarin therapy)

Shock: Impaired oxygen deliver/consumption to tissue, often with hypotension

- Systolic BP <90, MAP <70 -Or Decreased Baseline SBP of 40 mmHg or more.
- End organ damage (lactic acidosis, AKI)
- Lactic level >4 mmol/L

Specify Type: Cardiogenic, Hypovolemic, Toxic, Neurogenic, Anaphylactic, Postprocedural, Post-Traumatic, Septic

Specify Treatment: IVF, blood transfusion **AND/OR** vasopressors

Sepsis: Suspected or Confirmed:

Two or more of the following **PLUS** a source of infection:

- WBC >12,000 or <4,000 or >10% bands
- Lactate >1.0
- Temp >101 or <96.8
- Procalcitonin
- Pulse >90 bpm
- CRP
- Resp >20/min
- Altered Mental State
- Hypotension
- Hyperglycemia >140 (Non-Diabetic)

Severe Sepsis:

Sepsis with Organ Damage:
Lactic acidosis, AKI, Encephalopathy, resp failure, hypotension

Specific for Septic shock:

- Hypotension AFTER fluid resuscitation of 30 mL/kg crystalloid

Chronic Congestive Heart Failure:

- Compensated/euvolemic/at baseline
- Chronic diuretics
- Previous echo and/or previous documentation in past medication history
- Monitoring daily weights, I/O, volume status etc.

Specify Type:

Diastolic: EF >55% (AKA HFpEF)
Systolic: EF <45% (AKA HFrEF)

Reference Definitions:

DRG: Diagnosis related group: Driven by principal diagnosis and CC/MCC; almost always driven by the procedure in surgical cases thus CC/MCC are critically important; diagnosis of *malignancy* after pathology returns can change the DRG

Principal diagnosis: Condition after study that occasioned the admission

CC or MCC: Comorbid or Major Comorbid Condition: A long list of conditions that affect patient care in any way (evaluation, treatment, procedures, extended hospital stay, increased nursing care/monitoring)

Other common diagnoses to consider:

MCC	CC
Acute DVT/PE	Acidosis
Acute respiratory failure	COPD exacerbation
Acute systolic or diastolic heart failure	Crohn's disease
Encephalopathy w/ specific type	Dementia with behavioral disturbance
Pneumonia	Depression (recurrent, mild, moderate, severe)
Pressure ulcers, stage 3 or 4	Hemiplegia, hemiparesis or paraplegia
Sepsis	Ileus
Shock, hemorrhagic or hypovolemic	Weight loss, significant w/ BMI <19
	Neurogenic bladder
	UTI

Review:

- *Images/Labs*
- *Exam*
- *History*
- *Medications you have actively ordered*
- *Problem list/Past medical history*

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