

Infectious

Bacteremia: Nonspecific laboratory finding of bacteria in the blood

SEPSIS DEFINITIONS¹:

SEPSIS: a presumed or confirmed systemic response to infectious process with ≥ 2 of the following: Temp $<96.8^{\circ}\text{F}$ (36°C) **OR** $>100.4\text{F}$ (38.3°C), Resp. Rate >20 , HR ≥ 90 , WBC count $<4\text{K}$, $>12\text{K mm}^3$ **OR** $>10\%$ bands.

SEVERE SEPSIS: Sepsis with organ failure

add'l clinical indicators e.g. SBP <90 , MAP <65 , **OR** SBP down >40 mmHg from last normal SBP, PTT >60 sec, Creatinine >2 , urine output $<.5$ ml/kg/hr. x 2 hrs., INR >1.5 , PTT >60 sec, PLT count $<100\text{K}$, Bilirubin >2 mg/dl, lactate >2 mmol/L.

Link any **associated** organ failure(s) considered *due to* Sepsis.

SEPTIC SHOCK: Severe Sepsis with Lactic Acid >4 mmol/L or persistent hypotension. Persistent hypotension: SBP <90 mmHg or MAP <65 after 30 ml/kg crystalloid bolus

¹Sepsis definitions are derived from the HCA N33 Sepsis Clarification Query form, based on industry literature and in collaboration with HCA Clinical Services Group.

Renal

ACUTE KIDNEY INJURY (AKI):

Recommendation: Spell out abbreviation "AKI" as above at least once in each note.

KDIGO guidelines 2012 (*Kidney International Supplements [2013] 3, 134–135*)

Increase in Serum Creatinine (SCr) by >0.3 mg/dl within 48 hours, **OR** increase in SCr to 1.5 times baseline, known or presumed to have occurred in the prior 7 days **OR** urine volume <0.5 ml/kg/hr. for 6 hours.

- Document **etiology** of AKI if known (ATN, acute cortical or medullary necrosis, CIN or other)
- Document if due to traumatic injury
- Document any other **associated conditions**

CHRONIC KIDNEY DISEASE (CKD) on back panel.

Renal (cont.)

Chronic Kidney Disease (CKD):

- KDIGO CKD guidelines 2012 (*Kidney International Supplements [2013] 3, 134–135*)
- Document the **STAGE** of CKD:
 - CKD stage 1: GFR 90+
 - CKD stage 2: GFR 60-89
 - CKD stage 3a: GFR 45-59
 - CKD stage 3b: GFR 30-44
 - CKD stage 4: GFR 15-29
 - CKD stage 5: GFR <15
- Document any **underlying disease/link** such as Diabetes, hypertension, polycystic dz., etc.
- Document if patient has ESRD
- Document if patient is dependent on dialysis (peritoneal or hemodialysis)
- Document any **associated diagnoses/conditions**

If the diagnosis you are looking for isn't listed, remember your concepts:

- Specify **Acuity**
- Specify **Severity**
- Specify **Stage or Type**
- Specify **Site**
- If **Neoplasm** specify **Type** and **Cytology**
- Specify **Laterality**
- Specify **Etiology/Underlying Disease**
- Document any **Associated Diagnosis/Conditions/Sequelae**
- Document any **Drug/Tobacco/Alcohol Use, Abuse or Dependence**

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Provider Documentation Helpful Hints from CDI

**Specificity and
Comorbidities Matter!**

Central Nervous System

CVA:

- Specify **cause** (embolic, occlusion/stenosis, hemorrhage?)
- If hemorrhage, state location or source.
- State causal artery **and laterality**
 - Cerebral (anterior, cerebellar, middle, posterior, other AND right or left side)
 - Pre-cerebral (Basilar, carotid, vertebral AND left or right side, other)
- Specify dominant side if known
- **Sequelae:** Hemiparesis/Aphasia
- Specify if tPA was given within last 24 hours

MENINGITIS:

- Specify if viral/bacterial; state organism
- Any **associated diagnoses or conditions**

DEMENTIA:

- State if patient has behavioral disturbance (wandering, danger to self or others)

AMS:

- State specific **etiology if known** in diagnostic terms

Pulmonary

RESPIRATORY FAILURE:

- Document **acuity** (acute, chronic, acute on chronic)
- Specify inclusion of Hypoxia or Hypercapnia
- Document any **associated diagnosis/conditions**
- If post-procedural, document **acuity**

PNEUMONIA:

- Document **causative organism** if known
- Document mechanism (Aspiration, VAP, Radiation induced, other)
- Document any associated illness (Sepsis, respiratory failure, underlying lung disease, other)

ASTHMA:

- Specify **severity** (mild, moderate or severe, intermittent or persistent)
- Specify **acuity** (uncomplicated, w/ exacerbation, w/ status asthmaticus)
- Specify **type** (childhood, exercise induced, extrinsic or intrinsic allergic, exercise induced bronchospasm, etc.)
- Specify COPD involvement if applicable
- Specify **tobacco** exposure for ANY respiratory dx.; (**use, abuse, dependence, history of** includes vaping and snuff/chewing tobacco)

Cardiovascular

MI:

- Specify **type** (STEMI, NSTEMI)
- Specify **site** and culprit artery for STEMI
- Specify DATE of MI
- **Specify if subsequent MI (another MI w/in 28 days of initial MI) or if subsequent MI secondary to primary admission**
- Specify if patient has hx. of MI (older than 28 days)
- Specify any **associated conditions**

CARDIOMYOPATHY:

- Specify etiology and if ischemic/non-ischemic
- If secondary cardiomyopathy, document **etiology** if known (chagas dz., sarcoidosis, etc.)

HEART FAILURE:

- Specify **acuity**
- Specify **type**
- State **etiology** (HTN, valvular dx., Rheumatic heart disease, endocarditis, cardiac/other surgery, etc.)

Gastrointestinal

HEPATITIS:

- Specify **acuity**
- Specify **etiology**
- Specify if with or without hepatic coma, delta agent
- Document any **associated conditions**

HEPATIC ENCEPHALOPATHY:

- Specify the **etiology** (alcohol, drugs, post-procedural)
- Specify the **acuity**
- Specify the **severity**
- Document any **associated conditions**

PANCREATITIS:

- Specify **type** and **acuity** of pancreatitis (idiopathic, biliary, alcohol or drug induced, malignancy, etc.)

CROHN'S DISEASE/REGIONAL ENTERITIS:

- Specify any complications (abscess, fistula, rectal bleeding, intestinal obstruction, other)
- Specify **site**
- Document any **associated conditions**

Skin

PRESSURE ULCERS:

- Specify **site** and **laterality**
- Specify pressure ulcer stage (Nursing can document)
- Specify if with gangrene
- Specify if ulcer is Present on Admission (POA)
- Document any **associated conditions**

NON-PRESSURE ULCERS:

- Specify **site** and **laterality**
- Specify ulcer depth
- Specify if with gangrene
- Document **etiology** of ulcers
- Specify if ulcer is Present on Admission (POA)
- Document any **associated conditions**

Hematology

ANEMIA/PANCYTOPENIA:

- Specify **type** and **acuity**
- Specify **etiology** if known
- Document any cause/effect relationships
- Document drug if drug induced
- Document any **associated conditions**

Metabolism

DIABETES:

- **Specify type, cause**
- Specify if on current insulin administration
- Specify control
- Specify if any manifestations/complications/**associated conditions** AND document link to diabetes if applicable

MALNUTRITION:

- Specify **severity** using ASPEN guidelines. If dietary consult, remember to document if you have reviewed/agree with consult note
- Document any **associated conditions**

OBESITY:

- **Document BMI**
- Specify **severity, etiology** if known
- Specify if **obesity hypoventilation syndrome (OHS)** is present
- Document any **associated conditions**