Baptist Health

April/May 2021

UP TO CODE

CLINICAL DOCUMENTATION NEWSLETTER

CDI MISSION STATEMENT

CDI's mission is to collaborate with healthcare providers to ensure complete documentation of findings, diagnoses and treatments in the patient's EMR to reflect accurate severity of illness and capture precise codes and statistical data for reimbursement, quality measures, along with physician and hospital profiles.

Thank you for assisting with identifying locations on outside COVID tests. September 1, 2020 – March 31, 2021 we have a 96% capture rate on tests performed at outside facilities. Please continue to ask the question.

Diagnosis Tidbits

Renal Failure: Renal insufficiency is insufficient. If you document acute renal insufficiency when your patient is in **acute renal failure,** you will not capture severity of illness

Acute on Chronic Kidney Disease documentation also will not capture the diagnosis of acute renal injury

Acute kidney injury and **acute renal failure** can be documented interchangeably. Don't abbreviate "AKI" as it can mean insufficiency

Diabetes "Uncontrolled" must be clarified as hyper- or hypoglycemia.

Demand Ischemia vs Type 2 NSTEMI

evidence of supply-demand mismatch causing ischemia such as one of the following:

Symptoms of chest pain, sob, etc. new ischemic EKG changes development of new Q waves Imaging evidence of ischemic etiology, etc.

with a troponin elevation equals:

Demand ischemia – troponin < 99th percentile
Type 2 NSTEMI - troponin > 99th percentile

Acute Tubular Necrosis (ATN)

Acute Tubular Necrosis is a frequently overlooked cause of acute kidney failure. There are three major causes of ATN: Renal Ischemia – Sepsis - Nephrotoxins

Clinical data supporting a diagnosis of Acute Tubular Necrosis includes:

- Episode of hypotension or exposure to a nephrotoxic agent
- AKI that lasts for > 3 days after fluid resuscitation
- Urinalysis with significant proteinuria, muddy brown casts, or epithelial cell casts
- Fractional excretion of sodium is > 2%

Documentation Example:

- "Acute renal failure secondary to probable ATN"

Sepsis Korner

Sepsis 101

SEP-1: The Severe Sepsis and Septic Shock Early Management Bundle measure is designed to facilitate the efficient, effective, and timely delivery of high quality sepsis care with resulting reduction in mortality.

3 Hour Bundle - complete within 3 hours of severe sepsis presentation **(time zero)**

- Lactate
- Blood Cultures (BEFORE antibiotics)
- Broad Spectrum Antibiotics
- **If the patient has systolic hypotension (SBP < 90mmHg) or initial Lactate > 4**
- Fluid resuscitation (30ml/kg of actual or IBW)

6 Hour Bundle - complete within 6 hours of severe sepsis presentation

- Repeat Lactate (if first value > 2
- Reassess Response to Crystalloid Fluids (at 30ml/kg rate)
- Physical exam and recheck
- Vasopressors if persistent hypotension

REMEMBER: document your clinical indicators to support your diagnosis