Documentation Tips – Gastroenterologists

Principal Diagnoses (PDx):

- PDx is the condition(s) after careful study, present on admission (POA), requiring admission and treatment. Need to confirm even after resolved (i.e., *"Acute Hepatic Encephalopathy POA, resolved")*
- Explain underlying etiology where possible (i.e., *"Acute blood loss anemia/hemorrhage due to peptic ulcer disease"*)

Secondary Diagnoses (CCs/MCCs):

- Include *all* diagnoses which are treated and/or monitored
- Identify as "present on admission" if appropriate
- Utilize other subspecialty/surgical consults when needed to improve specificity of all diagnoses
- Consider documenting a diagnosis any time you do something to a patient *("CVC placement due to hemorrhagic shock")*

Pearls for Gastroenterologist Documentation:

- **Describe "Clinical Impression"** (e.g. thought process)
  - Diagnoses are commonly not "certain"
  - Use words like *probable, likely, suspect*, etc.
- **Sepsis** = SIRS + infection (as the cause) – an MCC
  - Positive blood cultures not necessary
  - *Not* synonymous with "bacteremia"
- **Acute Renal Failure/Acute Kidney Injury** (AKI) – a CC
  - AKIN criteria - ↑ in Cr by 0.3-0.5 above nml baseline = *St 1 AKI*
  - Acute Renal *Insufficiency*, pre-renal azotemia, dehydration, etc = *low severity*
  - ARnF(AKI) with ATN (acute tubular necrosis) remains an MCC
- **Chronic Kidney Disease** (CKD) – *must* identify stage
  - Stage 4 (GFR<30) and stage 5 (GFR<15) = CC
  - Chronic Renal Insufficiency (CRI) = *low severity*
- **Hepatic Failure**
  - Identify underlying cause for maximum severity credit
  - Document "cirrhosis" as well if appropriate

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- **Encephalopathy** – an MCC
  - Example: *Hepatic Encephalopathy*
  - "Delirium" is not a CC unless very specific. Altered MS is a *symptom*- not even a CC
- **Pancreatitis**
  - Document SIRS and/or any acute organ dysfunction (e.g. acute renal failure, acute respiratory failure, etc.)
- **Clostridium Difficile (C Dif) Enterocolitis**
  - Document even if "probable," e.g. cultures/assay inconclusive
- **Bowel Obstruction**
  - Identify underlying cause, link to Crohn's Disease if apprpriate
- **Decubitus Ulcers** – Stage 3,4 are MCCs
  - Document as "POA," even if lesser stage
- ***Severe* Malnutrition** (MCC)
  - Malnutrition or cachexia = CC
  - Emaciation is also an MCC
- **Acute blood loss anemia** (CC) – assoc w/GI diagnoses
  - Don't need transfusion or active bleeding for dx
  - Identify actual cause of bleeding, even if "presumed," rather than simply *UGI or LGI Bleed*
- **Acute Gastroenteritis (AGE)**
  - Document all comorbidities, including *acute renal failure*
  - Identify underlying cause (e.g. organism, etc.) if known
  - *Probable* infectious colitis/GE/diarrhea is a CC
- **Symbols**
  - ↓ Na^+ ≠ hyponatremia (to a coder)
  - ↓ crit (or Hb) ≠ acute blood loss anemia
- **Other overlooked opportunities**
  - Post-cholecystectomy syndrome
  - Acute neutropenic enterocolitis

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