Documentation Tips – Infectious Disease

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., *"Sepsis due to gram neg pneumonia POA, resolved")*
- Explain underlying etiology where possible (i.e., *"Acute on chronic respiratory failure due to presumed aspiration pneumonia"*)

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 septic shock")*

Pearls for Infectious Disease 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"
  - *Urosepsis ≠ Sepsis 2° UTI*
- **UTI -** clarification is necessary
  - Document if due to indwelling catheter *and* if POA
  - Document if presumed due to yeast/candida
- **Pneumonia** – *Simple* vs. *Complex*
  - VAP, HCAP, HAP, NH-acquired, nosocomial, etc. = *simple Pna*
  - *Suspect* gram neg, MRSA, aspiration, etc. = *complex Pna*
- **Pleural Effusions**
  - *Exudative* or *transudative is* non-specific to a coder, state *malignant, presumed bacterial*, etc. if applicable
  - *Empyema* – equal severity credit to complex pneumonia
- **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*
- **Encephalopathy** – an MCC
  - Example: *Septic or Metabolic Encephalopathy*
  - "Delirium" is a CC when specific type documented. Altered MS is a *symptom*
- **Clostridium Difficile (C Dif) Enterocolitis**
  - Document even if "presumed," e.g. cultures/assay inconclusive
- **Meningitis**
  - Document as *presumed bacterial* if treating, even w/o + cx's
- **Fever of Unknown Origin (FUO)**
  - Assigned MS-DRG cannot be modified by a CC/MCC
  - Consider *fever presumed 2° bacterial infection, location unknown* if treating with antibiotics
- **Decubitus Ulcers** – Stage 3,4 are MCCs
  - Document as "POA," even if lesser stage
- **Acute Gastroenteritis (AGE)**
  - Document all comorbidities, including *acute renal failure*
  - Identify underlying cause (e.g. organism, etc.) if known
  - *Presumed* infectious colitis/GE/diarrhea is a CC
- **Symbols**
  - ↓ Na^+ ≠ hyponatremia (to a coder)
  - ↓ crit (or Hb) ≠ acute blood loss anemia