Documentation Tips – Neurologists

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
- Explain underlying etiology ("link" diagnoses) where possible (i.e., *"TIA due to significant Carotid Artery 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 and documentation of all diagnoses
- Consider documenting a diagnosis any time you do something to a patient *("Lumbar Puncture to assess for subarachnoid hemorrhage")*

Pearls for Neurologist Documentation:

- Describe "Clinical Impression" (e.g. thought process)
  - Diagnoses are commonly not "certain"
  - Use words like *probable, likely, suspect*, etc
- **Encephalopathy** – an MCC
  - "Delirium" is a CC only if specific types. Altered MS is merely a *symptom*
- **Syncope** – another *symptom*
  - Describe "probable" underlying etiology - *"Syncope due to presumed carotid sinus hypersensitivity"*
  - Other common causes – dehydration, vasovagal, etc.
- **Coma (vs. "Closed-head Injury")** - important to document:
  - Traumatic vs. Non-traumatic
  - If traumatic, LOC length of time and whether there is other significant trauma
- **Hypertensive Encephalopathy**

- *Accelerated* or *Malignant* HTN are CCs
- Hypertensive "urgency," "crisis," or "emergency" are non-specific

- **Stroke/CVA**
  - With hemiparesis or hemiplegia (new *or* old) – CC
  - Cerebral edema – MCC
- **Meninigitis**
  - "Presumed bacterial" if treating with Abx, even w/o confirmatory cx's
- **Dementia, advanced**
  - "Functional Quadriplegia" is an MCC
  - Functional Quadriplegia may also be secondaryto advanced rheumatoid arthritis or other clinical conditions
  - Terms such as "advanced, end-stage, complete care, etc." – low severity of illness – not even a CC
- **Heart Failure** ("CHF" no longer adds to severity)
  - *Chronic* systolic, diastolic (or combined) failure adds severity as a comorbidity (CC)
  - *Acute* systolic, diastolic (or combined) failure adds severity as a *major* comorbidity (MCC)
- **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 normal baseline = *St 1 AKI*
  - Acute Renal *Insufficiency*, pre-renal azotemia, dehydration, etc = *low severity of illness* – not even a CC
  - Acute Renal Failure with ATN (acute tubular necrosis) remains an MCC
- **Symbols**
  - ↓ Na^+ ≠ hyponatremia (to a coder)