Documentation Tips – Obstetrics

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 when possible (i.e., *"Acute blood loss anemia due to 4th degree perineal tear & arterial laceration"*)

Secondary Diagnoses (CCs/MCCs):

- Include *all* diagnoses which are treated, evaluated 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 Obstetric Documentation:

- **Describe "Clinical Impression"** (e.g. thought process)
  - Diagnoses are commonly not "certain"
  - Use words like *probable, likely, suspect*, *rule out*, 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*
  - 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*

Common Documentation Opportunities:

- **Hypertension; pre-existing or gestational**
- **Diabetes Mellitus; preexisting or gestational**
  - Type (I or II) & "controlled" vs. "uncontrolled"
- **Hyperemesis gravidarum or vomiting**
- **Dehydration and/or alkalosis**
- **Hyper or hypo-thyroidism**
- **Obesity w/ BMI > 40**
- **Nutritional deficiency w/ BMI <19 (type)**
  - Nutritional marasumus, anorexia, bulimia, etc.
- **Tobacco abuse, drug dependence (type & pattern of use)**
- **Epilepsy**
- **Hemorrhage, placenta previa/abrupt, postpartum**
- **Obstetric shock**
- **Lacerations (site & degree)**
- **Embolism /DVT (type, site, acuity)**
- **Anemia (type & acuity)**
- **Rh incompatibility**
- **Fever**
- **Infections; STD, Torch, Beta Strep**
- **Sepsis or UTI**
- **Hepatitis (type & acuity)**
- **Mastitis**
- **Pre-eclampsia / eclampsia**
- **Coagulation defect (type)**
- **Fetal problems affecting management of mother**
  - Fetal distress

Note: Any condition that occurs during pregnancy, delivery or puerperium is considered to be a complication, unless the attending physician specially documents that it did not affect the pregnancy, and was not affected by the pregnancy. Coding Clinic 4th Qrt 2007 P 171