



Clinical Documentation Tips

Tips, Hints & Pointers...

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ACUITY AND CONSISTENCY MATTERS

- Document all co-morbidities that are monitored, evaluated or treated. Note when present on admission
- Avoid using signs and symptoms as the diagnosis followed by the differential diagnosis in the discharge summary
- Link all symptoms to a probable cause

Reminder:

Always link diagnoses when appropriate.

For Example:

- Sepsis **DUE TO** pneumonia
- Renal Failure **DUE TO** diabetes

DOCUMENTATION TIP:

Diabetes Mellitus

New ICD-10 term:
HYPERGLYCEMIA

No longer classified as
“Poorly Controlled” or
“Uncontrolled”

For diagnoses look-ups best practice is to use terminology (**diab mell**) rather than codes (250.00)

DOCUMENTATION TIP:

Do not use **“Fall”** as an admitting/final diagnosis.

Best to **use the injury** or the anatomical area of pain

Reminder:

MORBID OBESITY is
BMI >40
Or
BMI >35 with obesity related diagnosis

Use caution with Copy and Paste

When the patient's severity of illness is **NOT accurately** reflected by the clinician's documentation and there is a sub-optimal outcome, **it appears as though complications** are occurring in **healthy patients.**



Link Manifestations and Complications with:

- **“Due to”**
- **“Causing”**
- **“Related to”**