Clinical Documentation Tips

Tips, Hints & Pointers...

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

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

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”

Reminder:
Always link diagnoses when appropriate.

DOCUMENTATION TIP:

Diabetes Mellitus
New ICD-10 term: HYPERGLYCEMIA
No longer classified as “Poorly Controlled” or “Uncontrolled”

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

For additional information or questions, please contact:
Providence ICD-10 SharePoint Site