



Clinical Documentation Pocket Guide: Critical Care

*****Please document acuity*****

Respiratory Failure

- Acute
 - Hypoxemia – PO₂ 10-15% lower than expected for that patient
 - Hypercapnia – PH <7.35 and PCO₂ >55 regardless of PO₂
- Acute on Chronic
- Chronic
 - Identified by Ph-7.4 and PCO₂ > 50-60 or PO₂ < 50
 - May consider CO₂ > 35 on BMP in absence of other acid-base disease

Pneumonia

- Due to:
 - Aspiration
 - H. influenza
 - Mycoplasma
 - Gram negatives
 - Pseudomonas
 - Strep (pneumo)
 - Klebsiella
 - Virus
 - Candida
 - Pneumonitis
 - Bacterial unspecified
 - Post procedural
 - Other – Specify
- State if present
 - Lung abscess
 - Empyema

Pleural Effusion

- Due to
 - Empyema vs. sympathetic
 - Malignancy
 - Heart failure

- Hemothorax
- Influenza
- Systemic lupus erythematosus
- TB
- Other – specify

Sepsis (if assoc. with organ failure – list the organs)

- Due to
 - Pneumonia, UTI, other named source
 - Infected device or catheter

Organ Failures

- Septic shock
- Acute renal failure
- Acute hepatic failure
- Acute Encephalopathy – specify type
- Acute/Chronic Systolic/Diastolic heart failure
- ARDS
- Other – specify

Non-infectious SIRS (Systemic Inflammatory Response)

- State cause
- Name each failed organ

Bronchospasm

- Due to
 - Aspiration gastric acid GERD
 - Aspiration due to swallowing dysfunction
 - Foreign body
 - Inspissated sputum

Closed Head Injury

- Concussion, specify LOC and duration
- Cereb contusion, specify LOC and duration
- Skull fx by location, specify LOC and duration
- With or without cerebral edema

Anemia

- Due to:
 - Chronic blood loss, name source
 - Acute blood loss, name source
 - Congenital anemia, name it
 - Deficiency anemia, name it
 - Chronic Kidney Disease
 - Neoplasm
 - Chemotherapy
 - Other – specify

Chronic Kidney Disease

- Stage:
 - Stage 1 thru 5 or ESRD
- Staging Guidelines
 - www.kidney.org/atoz/content/gfr
- Due to
 - Hypertension
 - Diabetes
 - Polycystic disease
 - Multiple myeloma
 - Lupus

Acute Renal Failure

- State due to:
 - Dehydration
 - Acute tubular necrosis
 - Acute interstitial nephritis
 - Obstructive uropathy
 - Sepsis
 - Drug induced
 - Other – specify

Diabetes

- Note if out of control/poorly controlled
- State Type I or Type II DM
 - Hyperglycemia
 - Hypoglycemia with or without coma



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- Drug/Chemical Induced (specify)
- Link DM to other related conditions
 - Gastroparesis
 - Retinopathy
 - Neuropathy

Stroke/TIA

- Identify any current deficits or late effects present on admission
 - Is it weakness only or hemiparesis
 - Dysphagia
 - Aphasia
 - Neglect
- Specify type: hemorrhagic, ischemic, embolic, occlusive, stenosis, thrombosis, intra-operative or post procedural
- Specify if TIA and not a stroke
- Specify source and location
- Specify if tPA used for embolic
- Specify dominant or non-dominant side
- Specify right, left or ambidextrous
- Identify all deficits persisting to discharge for which patient needs rehabilitation or skilled care

GI Bleed

- Link blood loss to source if known
- Associated anemia due to blood loss
 - Acute or Chronic
- Ulcer
 - Perforated vs non
 - With obstruction
 - Drug induced
 - Other - specify
- Angiodysplasia
 - Location
 - Due to - specify

Syncope

- Due to
 - Bradycardia and/or SSS
 - Drug Induced (Specify further)
 - Orthostatic hypotension
 - D/T Drugs/Substance
 - Neurogenic (Shy-Drager)
 - Diffuse Cerebral Vascular Disease
 - Vasovagal Response
 - Autonomic Nerve Dysfunction of Diabetes
 - Dehydration, volume depletion
 - Hemodialysis
 - TIA or Stroke
 - Septic shock
 - Hemorrhagic shock
 - Cardiogenic shock
 - Other (specify)

Malnutrition

- Protein Calorie
 - Mild, Moderate, Severe
 - 1st, 2nd or 3rd degree
- Due to:
 - GI surgery
 - Failure to Thrive
 - Vitamin/Mineral Deficiency – specify
 - Other – specify
- Cachexia
- Marasmus
- Intestinal Malabsorption
 - Following GI surgery
 - Celiac/Sprue Disease
 - Blind Loop Syndrome (SIBO)
 - Other - specify

Orthopedics

- Traumatic vs pathologic

- After care Fx
- Mal-union vs non-union
- Episode of Care
 - Initial
 - Subsequent
 - Sequela

Encephalopathy

- Acute/Chronic
- Congenital
- Alcoholic
- Due to drugs – specify
- Hepatic
- Hyperbilirubinemic, newborn
- Hypertensive
- In (due to) (e.g. birth injury, hyperinsulinism, influenza...)
- Saturnine
- Toxic
- Metabolic
- Traumatic (post-concussion)

Common Hospital Acquired Condition (HAC)

- If not a HAC the condition must be documented as Present on Admission (POA) to prevent a negative impact on scorecards for care
- Pressure Ulcers/Decubs (stage 3&4)
- Falls/Trauma
- Manifestations of Poor Glycemic Control
- Catheter Associated UTI
- Vascular Catheter Associated Infection
- Surgical Site Infections
- DVTs/PEs