Clinical Documentation Pocket Guide: Hematology/Oncology

***Please document acuity***

**Primary & Metastatic Cancer**
- Please specify malignancy of cancer (if possible):
  - Adenocarcinoma
  - Carcinoma
  - History (of)
  - Leukemia
  - Liver, not specified as primary or secondary
  - Lymphoma
  - Melanoma
  - Merkel cell carcinoma
  - Neuroendocrine
  - Sarcoma
  - SPELL other specified malignant morphology
- Please specify if cancer is primary or secondary:
  - Document primary site with
    - Laterality of condition (if relevant):
      - Left
      - Right
      - Bilateral

**Chemotherapy**
- Please chart if admitted for chemotherapy
- Please chart chemotherapy drug used

**Complications related to therapy**
- Aplastic anemia due to antineoplastic chemotherapy
- Neutropenia due to antineoplastic chemotherapy
- Neutropenic fever due to antineoplastic chemotherapy
- Pancytopenia due to antineoplastic chemotherapy

**Pleural effusion**
- Chylos, chyliform
- Due to systemic lupus erythem
- Filarial
- In heart failure
- Influenzal
- Malignant
- Tuberculous
- Other (specify)

**Sickle cell disease**
- Type
  - Beta elliptocytosis
  - Hb-C
  - Hb-SD
  - Hb-SE
  - Spherocytosis
  - Thalassemia
  - Other (specify)
- With acute chest syndrome
- With splenic sequestration

**Hyponatremia**
- With Dehydration (yes or no)

**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/Sprou Disease
  - Blind Loop Syndrome (SIBO)
  - Other - specify

**Coagulopathy**
- Consumption
  - Autoimmune Disease (systemic)
  - HIV Disease
- Intravascular
  - Autoimmune Disease (systemic)
  - HIV Disease
- Prolonged Prothrombin time or hemorrhage secondary to Coumadin Therapy
  - With hemorrhagic disorder
  - Hemorrhage site
  - Prolonged prothrombin time only
- Other – specify
  - Due to
    - Hyperprothrombinemia
    - Liver disease

**Thrombocytopenia**
- Dilutional
- Due to
  - Drugs
  - Extracorporeal circulation of blood
  - (Massive) blood transfusion
  - Platelet alloimmunization

Updated 8-3-15
Clinical Documentation Pocket Guide: Hematology/Oncology

***Please document acuity***

- Essential
- Heparin Induced (HIT)
  - Identify substance
    - Correct substance properly administered (therapeutic use)
      - with alcohol
      - with other drug by patient on own initiative
    - Other – specify
  - Poisoning
    - Accidentally give or taken (unintentional)
    - Administered by another with intent to harm (assault)
    - Intentional self-harm (suicide)
    - Other – specify

- Hereditary
  - Wiskott-Aldrich Syndrome
  - Other – specify
    - Absent Radius (TAR syndrome)
    - Autoimmune disease (systemic)

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

- 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

- Diabetes
  - Note if out of control/poorly controlled
  - State Type I or Type II DM
    - Hyperglycemia
    - Hypoglycemia with or without coma
  - Drug/Chemical Induced (specify)
  - Link DM to other related conditions
    - Gastroparesis
    - Retinopathy
    - Neuropathy

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

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

Updated 8-3-15