CHRISTIANA CARE
HEALTH SYSTEM

Infection & Parasitic Diseases
Best Practice Documentation

Click on the desired Diagnoses link or press Enter to view all information.

Diagnoses:

- Vague Diagnoses to Avoid
- HIV/AIDS
- Sepsis
- Pneumonia
- Hepatitis
- Influenza
- Meningitis
- Pharyngitis/Tonsillitis
- Urinary Tract Infection

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Vague Diagnosis to Avoid

The following terms are vague and do not support a definitive diagnosis demonstrating the severity of illness or risk of mortality of your patient. Avoid these terms when following best practice documentation.

- **Bacteremia** – only document this term when it meets the true definition
  - Asymptomatic positive blood cultures. Does the clinical evidence demonstrate that you should be documenting:
    - Sepsis due to a localized infection (UTI, PNA, Cellulitis)
    - Positive blood cultures, contaminant
    - Positive blood cultures, source being worked up. Treating patient with XXXX IV antibiotics
- **Urosepsis** *do not* document this term
  - Implies clinically evident severe infection of the urinary tract. Does the clinical evidence demonstrate:
    - Sepsis Due to a UTI
    - UTI
    - Cystitis
    - Pyelonephritis
    - Other more specific localized infection

HIV / AIDS

- Clearly delineate if the patient has
  - AIDS
  - AIDS with an AIDS related illness
  - HIV Status – Asymptomatic (no history of any AIDS defining illness)
- Current Condition
  - Related to AIDS
  - Unrelated to AIDS
- Underlying manifestations and specify connection to the AIDS, such as:
  - Dementia
  - Pneumonia(specify type)
  - Opportunistic infections (specify)
  - Any other AIDS related illness identified in workup

HIV / AIDS Documentation Example

Insufficient Documentation

- 47 year old male with history of pneumonia and HIV positive presents as a trauma code s/p MVA .

Best Practice Documentation

- 47 year old male with history of **Pneumocystis Carinii** and **AIDS.** Presents as a trauma code s/p MVA.

Sepsis

- Identified causal organism (when known)
- Underlying cause
  - Localized infection (i. e. pneumonia, cellulitis, UTI)
  - Device/Implant/Graft (i. e. PICC, central line, indwelling urinary catheter)
- Organ Failure
  - Link any associated organ failure with the key words "due to" when underlying cause is Sepsis
  - When organ failure is unrelated to Sepsis specify the underlying cause
- Septic Shock
  - Specify if patient is in Septic Shock
  - If Hypotensive and not in shock clarify in your documentation
- Document present on admission status of the sepsis
  - Present on admission
  - Evolving on admission
  - Developed subsequent to admission

Sepsis

Supporting Medical Necessity ,Severity of Illness, and Risk of Mortality in your Septic Patient

- Specify the clinical criteria you are using to support the diagnosis of sepsis.
- Once "r/o sepsis" has been documented or documented once in the record specify if sepsis was:
  - Ruled in
  - Ruled out
  - Resolved
- Sepsis Syndrome and SIRS do not translate to a diagnosis of Sepsis. Follow the best practice tips provided. Follow the best practice documentation

Sepsis
Documentation Example

Insufficient Documentation

- Urosepsis with +UC for E. Coli
- Sepsis Syndrome with PNA

Best Practice Documentation

- **Sepsis due to E.coli UTI** with 2 SIRS criteria **T max 39.1, WBC >18.000**
- **Sepsis** with 2 SIRS criteria**, T max 39.1, HR 122 due to aspiration pneumonia**

Pneumonia

Best practice documentation for PNA requires documentation of the type of PNA and the causal organism. A provider can use his clinical judgment and document the likely organism in the absence of a positive lab finding.

- Identify the type and likely causal organism
  - Aspiration
  - Bacterial (specify organism)
  - Fungal
  - Hypostatic
  - Interstitial
  - Viral
  - Lobar
- Document any associated illness
  - AIDS
  - Influenza
  - TB,
  - Respiratory failure
  - Sepsis

Pneumonia Documentation Example

Insufficient Documentation

- Patient has history of CVA with dysphagia. Admitted with possible aspiration. Dyspnea, RR28 and pulse ox 86% on room air.

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- Patient with previous history of CVA with dysphagia. Admitted with **aspiration pneumonia** and **acute respiratory failure.**

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Hepatitis

- Acuity:
  - Acute
  - Subacute
  - Chronic
- Etiology:
  - Alcoholic
  - Drug (specify drug)
  - Viral (Type A,B,C or E)
  - Granulomatous
  - Autoimmune
- Associated diagnosis:
  - With/without ascites
  - Encephalopathy
  - Coagulopathy
- Document also:
  - With/without hepatic coma
  - With/without delta agent

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Hepatitis
Documentation Example

Insufficient Documentation	Best Practice Documentation
Patient presents with confusions, and lethargy, jaundice, decreased appetite. Initial work up shows elevated liver enzymes. Hepatitis panel ordered, positive for hepatitis.	Patient presents with confusion, lethargy, jaundice, decreased appetite and elevated liver enzymes. Hepatitis panel positive for **Hepatitis A**. Patient admitted for treatment of **hepatic encephalopathy** secondary to **acute hepatitis A.**

Influenza

- Type- can be specified based on the providers clinical judgment in the absence of a positive laboratory finding
  - Novel Influenza A
  - Novel H1N1
  - Other identified influenza virus (specify)
  - Unidentified influenza virus

- If present, provide link to influenza to other clinically significant conditions if there is a causal relationship
  - Pneumonia (specify organism)
  - Gastrointestinal manifestations
  - Encephalopathy
  - Myocarditis
  - Otitis media
  - Pharyngitis

Influenza Documentation Example

Insufficient Documentation	Best Practice Documentation
Treat dehydration secondary to influenza.	Treat dehydration secondary to frequent diarrhea due to **Novel Influenza A**

Meningitis

- Document any associated diagnosis / conditions
- Specify organism/type/due to:

Viral

- Enteroviruses
- Adenoviral
- Lymphocytic choriomeningitis
- Other (specify)

Bacterial

- Hemophilus
- Pneumococcal
- Streptococcal
- Staphylococcal
- Other (specify)

Other

- Nonpyogenic
- Chronic
- Benign recurrent
- Fungal (specify)
- Other (specify)

Meningitis Documentation Example

Insufficient Documentation

- Meningitis
- Delirium- Zyprexa
- Continue antibiotics…

Best Practice Documentation

- **Acute meningococcal meningitis**
- **Acute delirium due to Zyprexa**
- Continue abtibiotics…

Pharyngitis / Tonsillitis

- Acuity
  - Acute
  - Acute, recurrent (tonsillitis only)
  - Chronic
  - Acute on chronic
- Organism or underlying cause
  - Streptococcal
  - Viral
  - Other

Pharyngitis / Tonsillitis Documentation Example

Insufficient Documentation

- Patient with complaints of sore throat and fever. This is the third sore throat in 4 months for this patient. Will culture and treat for tonsillitis.

Best Practice Documentation

- Patient with complaints of sore throat and fever. This is the third sore throat in 4 months for this patient. Culture positive for strep. DX: **Acute recurrent streptococca**l tonsillitis

***Note - Tonsillitis and Pharyngitis are not interchangeable terms.**

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Urinary Tract Infection

- Identified causal organism
- Be specific as possible when able to determine specific anatomic location of the UTI
  - Cystitis
  - Pyelonephritis
  - Urethritis
- Underlying cause In patients with mechanical urinary implants (i.e. Foley, stent, suprapubic cath)
  - UTI due to catheter / other device
  - UTI NOT due to catheter/ other device
  - Unable to determine if UTI is due to catheter / other device
- Document the Present on Admission status when UTI identified after admission

Urinary Track Infection Documentation Example

Insufficient Documentation

- Patient from SNF with chronic indwelling foley catheter admitted with UTI.

Best Practice Documentation

- Patient from nursing home with chronic indwelling foley catheter admitted with **e. coli, UTI due to indwelling catheter.**

**Note - Specify whether or not a UTI has been ruled in or ruled out when culture results are available. Add appropriate associated organism.*

Key Documentation Concepts

- Document causal organism when known
- Specify acute, acute recurrent, chronic when appropriate
- Establish cause-and-effect relationships when applicable (e.g., UTI due to indwelling Foley catheter, line sepsis)
- Document whether a working diagnosis of sepsis, UTI, etc. is ruled in, ruled out or if it has resolved
- If cultures and/or diagnostic tests are negative but patient is being treated clinically for a condition (e.g., UTI, pneumonia) document supporting clinical indicators.
- Document Present on Admission (POA) status , especially if diagnosis isn't confirmed until day two or three of admission.

Take the Extra Step!

Document:

- ALL chronic conditions – present and stable but managed.
- Significance of abnormal tests (i.e.: UTI, electrolytes, echo)
- Clarify whether diagnoses are ruled in or ruled out
- Establish cause-and-effect relationships (liking DM to manifestations)
- Laterality, if applicable
- Explain the "why" and " because" to support medical necessity
- Any tobacco use, abuse, dependence, history of smoke exposure (e.g., second hand, occupational, etc.)