Respiratory System
Best Practice Documentation

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

Diagnoses:

- Pneumonia
- COPD
- Asthma
- Emphysema
- Bronchitis
- Respiratory Failure
- Pneumothorax
- Pulmonary Embolism
- Key Documentation Concepts
- Take the Extra Step

Contact the following for any documentation questions or concerns:
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Pneumonia

Best practice documentation for PNA requires documentation of the type of PNA and the causal organism. A provider can use their clinical judgement 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 Examples

Insufficient Documentation	Best Practice Documentation
• Patient has history of CVA and dysphagia. Admitted with possible aspiration. Dyspnea, RR28 and pulse ox 86% on room air.	• Patient with previous history of CVA and dysphagia. Admitted with **aspiration pneumonia** and **acute respiratory failure.**
• Patient admitted with pneumonia.	• Patient admitted with **pseudomonas pneumonia.**

COPD

With:

- Acute Bronchitis
- Exacerbation
- Lower Respiratory Infection (specify infection)
- Decompensated (exacerbation)

COPD Documentation Example

Insufficient Documentation	Best Practice Documentation
Patient admitted with COPD. Treated with O2, IV steroids, antibiotics and nebs	Patient admitted with **acute COPD exacerbation with acute bronchitis.** Treated with O2, IV steroids, antibiotics and nebs.

Asthma

- Type:
  - Mild intermittent
  - Mild persistent
    - Acute Exacerbation
    - Status Asthmaticus
  - Moderate persistent
    - Acute Exacerbation
    - Status Asthmaticus
  - Severe persistent
    - Acute Exacerbation
    - Status Asthmaticus
  - Exercise Induced
- Link when asthma is due to a causative agent
  - Detergent
  - Wood
  - Miner's
  - Chemical (specify)

Asthma Documentation Examples

Insufficient Documentation

- Patient with a history of asthma presents with shortness of breath. Treated with nebs and IV steroids.
- Patient admitted for treatment of e coli UTI, history of asthma on chronic inhaler.

Best Practice Documentation

- Patient with history of **severe persistent** asthma presents with shortness of breath due to **asthma exacerbation.** Treated with nebs and IV steroids.
- Patient admitted for treatment of e coli UTI, history of **moderate persistent asthma** on chronic inhaler.

Emphysema

- Underlying Cause if Known
  - Chemicals
  - Gases
  - Trauma
  - Surgery
  - Other (specify)
- Type and/or location:
  - Interstitial
  - Compensatory
  - Unilateral
  - Panlobular
  - Centrilobular
  - Other (specify)

Bronchitis

Best practice key documentation elements for Bronchitis include:

- Causal Organism (specify)
- Acuity
  - Acute
  - Subacute
  - Chronic
    - Simple
    - Mucopurulent
    - Mixed
  - Acute on Chronic
- Any other disease process related to the bronchitis
  - Aspiration
  - Allergies
  - Chronic obstructive asthma
  - Due to chemical, fumes, etc.
  - COPD

Bronchitis Documentation Example

Insufficient Documentation	Best Practice Documentation
Patient complains she is not sleeping due to a dry, hacking cough. She states she had a cold last week but the cough has persisted. She does complain of a mild headache and body aches. Chest x-ray is negative for pneumonia. Impression: Bronchitis	Patient complains of she is not sleeping due to a dry, hacking cough. She states she had a cold last week but the cough has persisted. She does complain of a mild headache and body aches. Chest x-ray is negative for pneumonia. Impression: **Acute** Bronchitis

Respiratory Failure

- Acuity
  - Acute
  - Chronic
  - Acute on chronic
- Type
  - With hypercapnia
  - With hypoxia
- Document clinical supporting factors for diagnosis
  - ABG's
  - Providing 40% or more supplemental O2
  - Inability to complete full sentences due to shortness of breath
  - Use of accessory muscles
  - Cyanosis
  - Tachypnea (RR>20)

Respiratory Failure Documentation Example

Insufficient Documentation	Best Practice Documentation
Patient on chronic O2 3L at home presents with shortness of breath, increased work of breathing, Patient placed on BiPAP after obtaining ABGs. Admitted for COPD exacerbation.	Patient on chronic O2 3L at home presents with shortness of breath, increased work of breathing, **use of accessory muscles, RR30.** Patient placed on BiPAP. after obtaining ABGs. Admitted for **acute on chronic respiratory failure** due to COPD exacerbation.

Pneumothorax

The following are important documentation tips to include in your documentation of this disease/condition.

Specify type:

- Spontaneous tension
- Spontaneous
  - Primary
  - Secondary (document underlying condition)
- Postprocedural (establish link that the procedure was the cause)
- Traumatic , specify encounter:
  - Initial
  - Subsequent
  - Sequela
- Chronic pneumothorax
- Persistent air leak
- Other (specify)
- Congenital

Pneumothorax Document Example

Insufficient Documentation	Best Practice Documentation
Patient s/p subclavian line insertion. Post procedure chest x-ray shows moderate pneumothorax. Chest tube inserted at bedside.	Patient s/p subclavian line insertion. Post procedure chest x-ray shows moderate pneumothorax. Chest tube inserted at bedside, for **postprocedural pneumothorax following central line insertion.**

Pulmonary Embolism

- Type:
  - Septic pulmonary embolism
  - Saddle embolus
  - Postprocedural (specify procedure)
  - Other embolism
- Acuity
  - Acute
  - Chronic
  - History of (no longer acute or chronic)
- If present :
  - Acute cor pulmonale
- Underlying cause:
  - Postprocedural (link to related procedure
  - Due to trauma
  - Due to infection (specify)
  - Complicating pregnancy or the puerperium

Pulmonary Embolism Documentation Example

Insufficient Documentation	Best Practice Documentation
Patient presents with sudden onset of acute shortness of breath and chest pain. Patient is s/p THR three weeks ago. Scan shows high probability for pulmonary embolism. Patient admitted for pulmonary embolism.	Patient presents with sudden onset of acute shortness of breath and chest pain. Patient is s/p THR three weeks ago. Scan shows high probability for pulmonary embolism. Patient admitted for **postprocedural pulmonary embolism most likely associated with THR.**

Key Documentation Concepts for Respiratory Diseases

- Document causal organism when known.
- Specify acute, acute recurrent, chronic, history of when appropriate.
- Link COPD with asthma and/or bronchitis when applicable.
- If cultures and/or diagnostic tests are negative but patient is being treated clinically for a condition (pneumonia, respiratory failure) document supporting clinical indicators.
- Document any tobacco use or exposure pertinent to the patient.

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 (i.e. PICC line infection)
- 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.)
- Document Present on Admission (POA) status , especially if diagnosis isn't confirmed until day two or three of admission.