General Surgery Documentation Tips
Common Documentation Needs for ICD-10
- Acute diagnosis, Chronic diagnosis
- Acute on Chronic = exacerbated, decompensated
- Which side is affected: Left or Right?
- Which side is “dominant”? (if appropriate)
- Initial evaluation/treatment
- Subsequent evaluation/treatment
- Sequela of event

History and Physical / Consultation Tips
Note in:
HPI: Acute diagnoses, any Chronic diagnoses that are now decompensated, (which = ‘Acute on Chronic’) Do not use “MultiOrgan System Failure” or MODS — name individual organ failures “failure” and “insufficiency/distress” are not the same thing
Do not use “Global Developmental Delays”
Identify location, timing, modifying factors, etc.
Chronic Ongoing Medical Problems (COMP): such as, Malnutrition, Diabetes, HTN, CKD, CF, IBD, ChrRespFail, Heart Failure (specify systolic/diastolic when known), etc.
These are diagnoses that you are going to treat/monitor while inpatient and they may change how you treat the patient — they contribute to severity of illness and Complexity of Medical Decision making (CoMD)
When listed as COMP, if they remain stable throughout stay, they don’t have to be mentioned again until the D/C Summary
Link home medications with the COMP for which it is taken
Do NOT put these in your PMH
PMH: Diagnoses that are over and done with, may contribute to CoMD, but are NOT Chronic Ongoing Medical Problems
ROS: This is not intended to be a restatement of HPI issues— system by system, note pertinent positives and negatives

Assessment or Impression: However you choose to organize this section, make sure that you include DIAGNOSES, not just data such as labs, imaging studies, vitals, etc.
- If uncertain of dx, but tx’ing like that diagnosis is present: For inpatients use one of the following: Presumed, Probable, Likely, Suspected; then diagnosis For Outpatients/Out: use symptoms you are evaluating
Plan: This does not have to list dx, but if you do include them, put them with the plan that is dealing with that dx.

Discharge Summary Tips
List all diagnoses that were tx’d, evaluated, monitored, increased LOS, or used resources = valid secondary dx
- Include all dx from MICU, SICU, when discharged
- Note Acute problems “improved” or “resolved”
- Note Acute problems which have become Chronic
- Note Treated uncertain diagnoses with use of “Probable”, etc.
- Avoid symptom dx when specific diagnoses are known

Non-Compliance
Note if patient has been noncompliant of: Diet, Medication- underdosing that is intentional/unintentional, for financial or age related issue, related to renal dialysis, other medical tx
Hypertension
- It is important to differentiate primary HTN conditions from secondary HTN; when secondary, note the diagnosis that is the cause, such as CKD, DM nephropathy, Pheo, PCOS, Neuroblastoma, OSA, Coarctation, etc.
- It is as important to note the effects of HTN, such as stroke or cardiomyopathy, as it is to note the HTN itself
- Do not use diagnosis of HTN with transient elevation of BP, such as due to caffeine use, stress, anxiety, etc.

Malnutrition
- Identify as “Malnutrition” not FTI, underweight, thin, frail, undernourished, emaciated, cachectic appearing, etc.
- Note cause if known
- Stage malnutrition by % baseline weight lost per time
  - Mild (<1% in a week, <4% in a month, <6% in 3 months)
  - Moderate (1-2% in a week, 4-5% in a mo, 6-7.5% in 3 mo)
  - Severe (>2% in a week, >5% in a mo, >7.5% in 3 mo, BMI<18)
- Use dietitian consult if present—get one if needed
- Note Acute Malnutrition: sepsis, trauma, complex surgery
- Stage acute malnutrition by clinical criteria:
  - moderate or severe

Obesity/Morbid Obesity
- Note Dx and BMI, if known
- Obesity = BMI ≥35 and ≤40
- Morbid obesity - BMI ≥40
- Note cause (i.e. nutrition, drugs, thyroid disorder)

Diabetes
- Identify Type 1 or Type 2 or secondary
- Name secondary cause such as CF, steroid-related, post pancreatectomy, pituitary/ adrenal tumors, etc.
- Note if controlled or uncontrolled (HbA1C<8)
- Name any complications of DM, i.e. “epididymis”
- Note Hyperglycemia or Hypoglycemia that is not DM and note the presumed cause

Acute Renal Failure/AKI— note the cause:
- Sepsis, hypoperfusion (due to hemorrhage, dehydration, DI, trauma, bypass, etc.), nephrotic syndrome— note pathology
- Syndromes— Cardiorenal (note with Heart Failure and type), HUS, Hepato-renal, Pulmonary-renal, etc.

Chronic Kidney Disease (CKD)— Stage when known
- do not use CRI or CRF—
- Note what disease is the cause: obstructive uropathy, reflux, aplasia/hypoplasia/dysplasia, polycystic dz, Alport Syndrome, glomerulonephritis, etc.
- Note sequelae: HTN, SHPT, etc.

Developmental Delays
- Identify individual delays-sensory, motor, mixed, language
- Intellectual Disability—note mild, moderate, severe, profound

Anemia— “Hgb = x” is not a diagnosis
Acute— note when due to blood loss
- Specify when expected d/t procedure, injury, etc., or d/t trauma, gross hematuria, blood draining, etc.

Chronic— note when due to blood loss
- Anemia due to chemotherapy (treatment)
- Anemia of neoplastic disease (tumor)
- Anemia of CKD (ESRD)
- Anemia of other chronic disease
- Note other specific disease: such as Sickle Cell, Hepatitis, SLE, note specific blood destroying disorder— ABO, etc.

Psych/Social Issues
Abuse
If suspicious, note whether physical or psychological
Chronic Somatic Pain: d/t stress, anxiety, depression, etc.
Suicidal/ Homicidal Ideation: note thoughts or planning
Drug Abuse— Note specific drug abused
- Identify any physical or mental effect related to drug abuse or withdrawal
- Note if continuous, episodic, or in remission
- Do not use “abuse of multiple substances” or similar language— be specific which drugs
Depression
- Note if single or recurrent episode and
- Note mild, moderate, severe and with/without psychotic features or anxiety
Schizophrenia/ Bipolar Disorder
SD— Note cause, and if acute, paranoid, schizoaffective, reactive, chronic, latent or borderline
BD— Note if psychosis and specify mild, moderate, severe

Anorexia/ Bulimia
- Note Nervosa— binge type or purging type
- Note if Malnutrition present— stage mild, moderate, severe

Infectious States
SEPSIS — note “DUE TO”...
- Pneumonia, Cellulitis, Osteo, trauma, meningitis, UTI, meningococcal, immunocompromised pt (d/t), etc.
- Note & LINK organism if known;
- If uncertain of dx, but tx’ing like that organism is present:
  For inpatients use one of the following: Presumed, Probable, Likely, Suspected; then diagnosis

Positive blood culture is NOT required—treatment is...
- Specify if the source is an infected device or catheter
- Do not use “Urosepsis”— state “Sepsis d/t UTI with ______
- Do not use “Sepsis-like Syndrome” or similar— if you are going to treat it like it is Sepsis, call it Sepsis— see above
- Use “Bloodstream Infection with ______” not “Bacteremia”

Bacteremia alone is a lab result with no severity— be specific
- Note “fever in an immunocompromised host” d/t chemo, etc.
- SIRS is the same clinical picture, but not infection related