



## Clinical Documentation Integrity CDI Tip Card

Clinical Documentation Integrity exists to improve the integrity of healthcare records through better documentation and data quality.

Documentation Tips and Notes	
Do Not Use “+/-”	<ul style="list-style-type: none"> <li>Use: Likely, Possible, Probable, Suspected, Cannot Rule Out</li> </ul>
Avoid ↑/↓	<ul style="list-style-type: none"> <li>Document diagnosis</li> </ul>
Symptoms	<ul style="list-style-type: none"> <li>Document suspected or known source/cause</li> <li>Document suspected/possible condition being treated</li> </ul>
Hx of...	<ul style="list-style-type: none"> <li>Avoid “hx of...” if under current treatment, document active/current disease</li> </ul>
Present on Admission (POA) status	Specify POA status for the following: <ul style="list-style-type: none"> <li>CAUTI, DVT, Pressure Ulcers, Sepsis</li> <li>Complications of previous care or devices</li> </ul>
Discharge Summary	<ul style="list-style-type: none"> <li>Summarize the encounter</li> <li>Document current conditions</li> <li>Document ALL conditions treated/resolved during stay</li> </ul>
Operative Report	<ul style="list-style-type: none"> <li>Date, time, procedure(s) intended &amp; performed, device(s) placed</li> <li>Specify complications vs inherent risk of surgery</li> </ul>

Neurology	
Instead of...	Please consider...
Altered Mental Status (AMS) Confused Disoriented	<ul style="list-style-type: none"> <li>Encephalopathy due to...</li> <li>Delirium due to... e.g. drug</li> <li>Dementia (specify the type &amp; link any behavior disturbance)               <ul style="list-style-type: none"> <li>E.g. Dementia with delusions</li> </ul> </li> <li>Psychosis (specify &amp; link)</li> </ul>
Encephalopathy	→ Specify the type & etiology: <ul style="list-style-type: none"> <li>Toxic, Metabolic, Anoxic, Hypertensive, Other (specify)               <ul style="list-style-type: none"> <li>E.g. Toxic encephalopathy 2/2 drug (specify drug)</li> </ul> </li> </ul>
Mass Effects Midline Shift	<ul style="list-style-type: none"> <li>Cerebral edema</li> <li>Brain compression</li> </ul>
CVA	<ul style="list-style-type: none"> <li>Acute/Chronic/Acute on Chronic</li> <li>Location: Hemisphere, Cerebellum, Intraventricular, etc.</li> <li>Etiology: Hemorrhage, Thrombosis, Embolism, Stenosis etc.</li> </ul>
TIA	<ul style="list-style-type: none"> <li>Thrombus/Embolism of (specify vessel) without infarction</li> </ul>
Residual Effects	<ul style="list-style-type: none"> <li>Specify the residual effects               <ul style="list-style-type: none"> <li>E.g. Hx of CVA with R/L Hemiplegia/Hemiparesis</li> </ul> </li> </ul>
Bedbound Total Care (e.g. Severe dementia requiring total assist)	<ul style="list-style-type: none"> <li>Functional quadriplegia               <ul style="list-style-type: none"> <li>Not a true paresis; however, the patient is immobile because of a severe physical disability/frailty.</li> <li>E.g. Functional quadriplegia 2/2 TBI, bedbound, requiring total care</li> </ul> </li> </ul>

Cardiology	
Instead of...	Please consider...
CHF HFIEF HFbEF	Include Acuity & Type: <ul style="list-style-type: none"> <li>HFpEF/HFrEF (EF&lt;50%)</li> <li>Acute/Chronic/Exacerbation               <ul style="list-style-type: none"> <li>E.g. Acute HFrEF exacerbation 2/2 cocaine overdose</li> </ul> </li> </ul>
ACS Angina	<ul style="list-style-type: none"> <li>STEMI (including the site, if known)</li> <li>NSTEMI</li> <li>CAD with unstable angina</li> </ul>
A-fib	<ul style="list-style-type: none"> <li>Persistent, Paroxysmal, Chronic</li> </ul>
Elevated Trop Troponinemia	<ul style="list-style-type: none"> <li>Suspected cause               <ul style="list-style-type: none"> <li>E.g. Type 2 MI 2/2 trauma</li> </ul> </li> </ul>
Chest Pain	<ul style="list-style-type: none"> <li>Suspected cause, “due to”</li> </ul>
Syncope	<ul style="list-style-type: none"> <li>Suspected cause, “due to”</li> </ul>
“BP 210/110” With end organ damage	<ul style="list-style-type: none"> <li>Hypertensive urgency</li> <li>Hypertensive emergency</li> </ul>
Respiratory	
Instead of...	Please consider...
Pulmonary Insufficiency Resp Distress	<u>Respiratory Failure</u> and specify: <ul style="list-style-type: none"> <li>Acute/Chronic/Acute on Chronic</li> <li>With Hypoxia/Hypercapnia</li> </ul>
Opacities Infiltrate Consolidation	<ul style="list-style-type: none"> <li>PNA (include organism, if known), Pulmonary Edema, Pleural Effusion, Atelectasis, Malignancy</li> </ul>
Aspiration	<ul style="list-style-type: none"> <li>Aspiration PNA</li> </ul>
Pneumosepsis	<ul style="list-style-type: none"> <li>Sepsis with/due to PNA</li> </ul>
COPD	<ul style="list-style-type: none"> <li>Exacerbation/Chronic</li> <li>With infection, e.g. URI/PNA</li> </ul>

GI													
Instead of...	Please consider...												
GI Bleed UGIB LGIB	<ul style="list-style-type: none"> <li>Acute/Chronic/Acute on Chronic</li> <li>Ulcer w/ hemorrhage (location)</li> <li>Gastritis, Duodenitis with hemorrhage</li> <li>Suspected cause/Source</li> </ul>												
Free fluid	<ul style="list-style-type: none"> <li>Ascites</li> </ul>												
GU													
Instead of...	Please consider...												
Urosepsis	<ul style="list-style-type: none"> <li>Sepsis with/due to UTI</li> </ul>												
+UA	<ul style="list-style-type: none"> <li>UTI/Cystitis/Pyelonephritis</li> <li>Organism, if known</li> <li>Catheter-associated UTI (CAUTI)</li> </ul>												
Renal Insufficiency ↑ BUN/Creat	<ul style="list-style-type: none"> <li>CKD with Stage</li> <li>AKI</li> <li>AKI w/ ATN</li> <li>ESRD on dialysis</li> </ul> <table border="1"> <thead> <tr> <th>Stage</th> <th>GFR</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>≥ 90</td> </tr> <tr> <td>2</td> <td>60-89</td> </tr> <tr> <td>3</td> <td>30-59</td> </tr> <tr> <td>4</td> <td>15-29</td> </tr> <tr> <td>5</td> <td>&lt;15</td> </tr> </tbody> </table>	Stage	GFR	1	≥ 90	2	60-89	3	30-59	4	15-29	5	<15
Stage	GFR												
1	≥ 90												
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3	30-59												
4	15-29												
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MSK													
Instead of...	Please consider...												
Fracture	<ul style="list-style-type: none"> <li>Site (laterality, which part of bone)</li> <li>Open vs Closed</li> <li>Displaced, Nondisplaced</li> <li>Etiology: Pathologic, Traumatic, Stress</li> </ul>												
I&D Debridement	<ul style="list-style-type: none"> <li>Excisional or Non-Excisional, Depth, Approach, Instrument used (see skin)</li> </ul>												

For questions regarding clinical documentation, please contact

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Skin	
Instead of...	Please consider...
Bed Sore	<ul style="list-style-type: none"> <li>Pressure Ulcer</li> <li>Location</li> <li>Stage (1-4, Unstageable)</li> <li>POA status</li> </ul>
I&D Debridement (Both Bedside & OR)	Please specify: <ul style="list-style-type: none"> <li>Site</li> <li>Excisional or Non-Excisional</li> <li>Depth: Skin, Subcutaneous, Fascia, Muscle, Bone or Tendon</li> <li>Approach, Instrument used</li> </ul>
Lac Repair	<ul style="list-style-type: none"> <li>Site, depth (see above)</li> </ul>
Erythema	<ul style="list-style-type: none"> <li>Suspected cause (e.g. Cellulitis)</li> </ul>
Metabolic	
Instead of...	Please consider...
Na 129	<ul style="list-style-type: none"> <li>Hyponatremia</li> </ul>
FTT, Poor Nutrition	<ul style="list-style-type: none"> <li>Protein Calorie Malnutrition – Mild/Moderate/Severe</li> </ul>
Thin Weight Loss Deconditioning	<ul style="list-style-type: none"> <li>Underweight</li> <li>Cachexia</li> <li>Malnutrition (see above)</li> </ul>
DM uncontrolled	<ul style="list-style-type: none"> <li>Type 1 or 2 Diabetes</li> <li>With HHS w/ or w/o Coma</li> </ul>
Fluid/Volume Overload	<ul style="list-style-type: none"> <li>CHF (see cardiology)</li> <li>Suspected cause, “due to”</li> </ul>
Drug, EtOH or Substance Use	<ul style="list-style-type: none"> <li>Specify the substance</li> <li>Use disorder, Abuse, Dependence</li> <li>Intoxication, Withdrawal               <ul style="list-style-type: none"> <li>E.g. Delirium d/t EtOH withdraw</li> </ul> </li> </ul>

Hematology	
Instead of...	Please consider...
Anemia ↓ H&H ↓ Hgb	<ul style="list-style-type: none"> <li>Acute/Chronic/Acute on Chronic</li> <li>Suspected cause: Blood loss, Chronic disease or Chemotherapy</li> <li>Hemorrhagic Shock</li> </ul>
Oncology	
Instead of...	Please consider...
Hx of Cancer	<ul style="list-style-type: none"> <li>Type</li> <li>Active, under treatment</li> <li>In remission</li> </ul>
Infectious Disease	
Instead of...	Please consider...
HIV HIV+	Document AIDS if patient meets ONE of the following criteria: <ul style="list-style-type: none"> <li>Hx of/current CD4 count &lt;200</li> <li>Hx of/current AIDS or HIV-Related Illness/OI</li> </ul>
SIRS	<ul style="list-style-type: none"> <li>Sepsis (see below)</li> <li>Localized infection</li> <li>Non-infectious cause (trauma)</li> </ul>
Bacteremia	<ul style="list-style-type: none"> <li>Sepsis</li> <li>Localized infection</li> </ul>
Please specify Sepsis with:	
<ul style="list-style-type: none"> <li>Severity</li> <li>Source (PNA, UTI, local infection, 2/2 device/graft/procedure, etc.)</li> <li>Organism, if known</li> <li>Organ failure (specify)               <ul style="list-style-type: none"> <li>E.g. Sepsis 2/2 E. coli UTI with AKI</li> </ul> </li> </ul>	