ICD-10 Documentation Tips

Prepared by
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Cerebrovascular Accident

Ischemic Stroke

- Specify which precerebral vessel of origin if caused by occlusion of carotid or vertebral or other vessel
- OR
- Specify when embolic and origin (e.g., ulcerated plaque in carotid or mural thrombus or atrial appendage clot)
- OR
- Specify when due to local occlusion of intracerebral vessel and disease (atherosclerosis, diabetic vascular disease, etc.)
- Specify right vs. left side of brain involved with the stroke
- If hemiparesis, specify patient’s handedness before the stroke
- Identify all deficits presented, whether they resolve or not

Hemorrhagic Stroke

- Identify subarachnoid hemorrhage and vessel of origin – state if due to ruptured aneurysm
- Identify intracerebral hemorrhage and part of brain (cortical, subcortical, brain stem, cerebellar, intraventricular)
- Identify nontraumatic subdural and acute, subacute or chronic
- Identify side of the brain
- Identify cause, if known (hypertension, tumor, etc.)

After a Stroke

- Identify specific late effects
  - Aphasial dysphagia (specify level of involvement), neglect, monoparesis, hemiparesis (dominant or nondominant side), quadriparesis, etc.
  - These are the reasons patient needs rehab, follow-up, and ongoing care after the stroke
• Identify specific insult
  - Late effect of hemorrhage (SAH, SDH, ICH)
  - Late effect of embolic stroke or localized occlusive stroke

Trauma

Fracture Documentation

Identify displaced or nondisplaced with all fractures
Name each bone fractured – do not identify by joint (not fracture ankle, name which bones)
Identify if proximal, distal or shaft of long bones
Identify involvement of joint when appropriate
Identify the type of fracture or mechanism
Identify if open or closed on all fractures – if open, identify Gustilo classification
Identify laterality if not spine or sternum
  - Identify when encounter is for initial treatment of fracture (until normal time for normal healing) vs. follow-up for nonunion or delayed healing

Category 1–3:
SS2: Fracture of forearm

Etiology, anatomic site, severity, other detail (4–6):
SS52.5: Fracture of lower end of radius

SS52.52: Torus fracture of lower end of radius

SS52.521: Torus fracture of lower end of right radius

Extension 7
SS52.521A: Torus fracture of lower end of right radius, initial encounter
for closed fracture defined as all visits until time fracture has healed
General Medicine

Abdominal Pain

ICD-10 identifies the location of abdominal and pelvic pain using characters 4-7.

<table>
<thead>
<tr>
<th>R10.1 Acute Upper</th>
<th>R10.81 With Tenderness</th>
<th>R10.82 With Rebound</th>
<th>R10.83 Colic</th>
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<tbody>
<tr>
<td>R10.11 RUQ</td>
<td>R10.811 RUQ</td>
<td>R10.821 RUQ</td>
<td>R10.84 Generalized abdominal pain</td>
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<tr>
<td>R10.12 LUQ</td>
<td>R10.812 LUQ</td>
<td>R10.822 LUQ</td>
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<td>R10.13 Epigastric</td>
<td>R10.813 RLQ</td>
<td>R10.823 RLQ</td>
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<tr>
<td>R10.2 Acute Pelvic/Perineal Pain</td>
<td>R10.814 LLQ</td>
<td>R10.824 LLQ</td>
<td></td>
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<tr>
<td>R10.3 Acute Lower</td>
<td>R10.815 Periumbilical</td>
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<td>R10.31 RLQ</td>
<td>R10.816 Epigastric</td>
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<tr>
<td>R10.32 LLQ</td>
<td>R10.817 Generalized</td>
<td>R10.827 Generalized</td>
<td></td>
</tr>
<tr>
<td>R10.33 Periumbilical</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sinusitis, Laryngitis, Pharyngitis, etc.

Always identify acute single episode or acute recurrent sinusitis.

For sinusitis, specify which sinus(es):

- Frontal
- Maxillary
- Sphenoid
- Ethmoid
- Mastoid

Identify organism or class of organism (streptococcus, viral, etc.)

Respiratory

Bronchitis

- Always clarify if acute or chronic
  - Defaults to chronic
- If chronic, specify, if known:
- Simple, chronic
- Emphysema
- Bronchiectasis
- COPD unspecified

**Asthma**
- Specify when intermittent attacks vs. persistent manifestations.
- Stratify persistent asthma as mild, moderate or severe.
- Specify acute exacerbation or status when these exist to differentiate from a patient that has asthma but is not sick now.
- Clarify if the patient has hypoxia and if it is so severe that it represents acute hypoxic respiratory failure.
- Clarify intrinsic or extrinsic.
- Specify exercise-induced or other forms.
- Differentiate from bronchiolitis (RSV?) and aspiration.

**Pulmonary Edema**
- Specify "acute" or it will default to chronic
- Specify when due to heart failure or whatever cardiac mechanism (V tach, A fib with RVR, acute myocardial infarction, etc.)
- Specify, when noncardiac and identified cause (ARDS, aspiration of gastric acid, aspiration of toxic fumes, venous embolism, etc.)
- When chronic, name cause (chronic heart failure, valve disease and which valve[s], pulmonary venous obstructive disease, etc.)

**Empyema/Pyothorax**
- Definition: Infected pleural effusion or localized, loculated collection
- Differentiate from:
  - Sympathetic parapneumonic effusion (transudate)
  - Hemothorax
  - Chylothorax
  - Malignant pleural effusion
Atelectasis
- Document when present on admission and the reason (morbid obesity, pleural effusion, malignancy, etc.) (J98.11)
- Document when occurs while in hospital and reason (J98.11)
- Document when, after surgery, complicated atelectasis needs significant attention (if caused by an operation, J95.89, Respiratory complication of procedure)

Cardiovascular

Hypertension

**Essential hypertension (I10)** – includes high blood pressure, hypertension, malignant hypertension, accelerated hypertension, benign hypertension

**Secondary hypertension (I15)**
- I15.0 – Renovascular
- I15.1 – Hypertension secondary to other renal disorders (esp. Ped’s)
- I15.2 – Hypertension secondary to endocrine disorders (carcinoid, pheochromocytoma, thyrotoxicosis, etc.)
- I15.8 – Other secondary hypertension

Hypertensive Encephalopathy

I67.4 – Hypertensive encephalopathy (benign, malignant, accelerated, essential, systemic, idiopathic)

Hypertensive Disease on Other Organs

Hypertensive heart disease - I11
- I11.0 - with heart failure
- I11.9 - without heart failure

Hypertensive kidney disease - I12
- I12.0 - with stage 5 CKD or ESRD
- I12.9 - with CKD stages 1–4

N18.1, 2, 3, 4, 5, 6, 9 for CKD stages 1, 2, 3, 4, 5, ESRD, unspecified
Complications of Acute Myocardial Infarction
In addition to post-MI angina and functional abnormalities after MI, you now want to track:
- Hemopericardium
- Ruptured heart
- Intraventricular thrombus
- Parts of internal heart damaged
  - ASD due to acute myocardial infarction
  - VSD due to acute myocardial infarction
  - Ruptured papillary muscle

Atrial Fibrillation and Flutter
I48 Atrial fibrillation and flutter
  I48.0 Paroxysmal atrial fibrillation
  I48.1 Persistent atrial fibrillation
  I48.2 Chronic atrial fibrillation
  I48.3 Typical atrial flutter
  I48.4 Atypical atrial flutter
  I48.9 Unspecified atrial fibrillation and atrial flutter
  I48.91 Unspecified atrial fibrillation
  I48.92 Unspecified atrial flutter

Acute Cor Pulmonale with Massive Pulmonary Embolism
I26.0 Pulmonary embolism with acute cor pulmonale
  I26.01 Septic pulmonary embolism with acute cor pulmonale
  I26.02 Saddle embolus of pulmonary artery with acute cor pulmonale
  I26.09 Other pulmonary embolism with acute cor pulmonale
I26.9 Pulmonary embolism without acute cor pulmonale
  I26.90 Septic pulmonary embolism without acute cor pulmonale
  I26.92 Saddle embolus of pulmonary artery without acute cor pulmonale
  I26.99 Other pulmonary embolism without acute cor pulmonale
Gastrointestinal

Esophagitis/Ulcer
- GERD now needs specificity with and without esophagitis
- Barrett’s is now broken down:
  - With or without ulcer
  - With or without dysplasia
  - Staging of dysplasia
    - Low grade
    - High grade

Abdominal Hernias
- Specify location (inguinal, femoral, umbilical, ventral). All other abdominal hernias default to “other” (Spigelian, Gynfeltt-Lesshaft, etc.)
- Specify unilateral (with the side) vs. bilateral.
- Specify with obstruction when present.
- Specify with gangrene when present.
- Specify when recurrent hernia (otherwise defaults to primary).

Diaphragmatic Hernias
- Specify acquired or congenital hiatal hernia (sliding or paraesophageal) vs. congenital diaphragmatic hernia (foramen of Morgagni or Bochdalek) and laterality
- Distinguish traumatic diaphragmatic hernia from other types
- Specify acquired or congenital hiatal hernia as with or without obstruction or gangrene
- Specify when associated with GERD

Crohn’s Disease
- Identify level(s) of intestine involved: (terminal) ileum, jejunum, colon, rectum
- Specify when patient presents with:
- Gastrointestinal bleed
- Obstruction
- Fistula
- Abscess

**Ulcerative Colitis**

- Identify level(s) of intestine involved:
  - Pancolitis
  - Proctitis
  - Rectosigmoid
  - Left sided

- Identify complications:
  - GI bleed
  - Obstruction
  - Fistula
  - Abscess

**Ischemic Bowel Disease**

- Distinguish between:
  - Chronic mesenteric vascular insufficiency with its intestinal angina or ischemic colitis but not imminent bowel death
  - Acute mesenteric infarction with its risk of immediate bowel death
    - Clarify arterial vs. venous mesenteric infarction

**Intussusception**

- Identify intussusceptum (leading part) and intussuscepiens (receiving part):
  - Stomach into duodenum
  - Ileocecal valve into right colon
  - Appendix malignancy or other appendiceal mass into right colon
  - Meckel’s into ileum
Adhesions

- Specify in females if due to pelvic inflammatory diseases, endometriosis, or postuterine or adnexal surgery, or identify the process that caused them (postappendectomy, after radiation of abdomen, perforated diverticulitis, trauma, cancer, etc.)
- General adhesions, male or female, are otherwise grouped together
- Distinguish with or without obstruction

Anal Neoplasms

- Anal neoplasms
- Distinguish when intraepithelial neoplasia (AIN) or carcinoma in situ (severe AIN)
- Identify location of lesion
  - Anus or anal canal
  - Anal margin
- Specify cell type
  - Adenocarcinoma
  - Squamous cell carcinoma
  - Carcinoid
  - Melanoma

Critical Care Medicine

Some Sepsis Specificity

- Anthrax sepsis, A22.7
- Septicemia of plague, A20.9
- Salmonella sepsis, A02.1
- Listeria sepsis, A32.7
- Meningococccemia
  - Acute, A39.2
  - Chronic, A39.3
- Streptococcal sepsis – specify group
• Toxic shock syndrome, A48.3
• Sepsis not specified, A41
  If the patient has "sepsis", call it "sepsis" – link to causative organism

Endocrine and Nutrition

Charcot Foot
• Without specificity, ICD defaults tertiary syphilis A52.16, the most frequently reported cause in world
• Specify Charcot foot deformity cause
• Identify when due to diabetic autonomic neuropathy (code E11.610)
• Specify laterality of deformity (R:L)

Severity of Malnutrition
• E40, Kwashiorkor (Be wary – this is usually identified in underdeveloped countries)
• E41, Nutritional marasmus (severe malnutrition)
• E43, Severe protein calorie malnutrition
• E44, Mild-to-moderate protein calorie malnutrition
• E45, Retarded development following malnutrition
• E46, Unspecified malnutrition

Obesity
• Distinguish when due to intake of excessive calories vs. other causes (genetic, endocrine, etc.)
• Identify when morbid obesity exists
• Identify when obesity hypoventilation syndrome exists
• Identify when patient is overweight if it impacts your care
• Identify patient’s BMI – may be from dietitian’s notes
Diabetes

- Identify Type 1, Type 2, due to other secondary cause, or gestational
- In Type 2 or secondary cause, identify when using insulin long term
- Identify all body systems affected by the diabetes (neuropathy and its manifestation, retinopathy and proliferative or nonproliferative, nephropathy and stage of CKD, dermopathy, vasculopathy, periodontopathy)
- Identify all manifestations (ulcer, coma, gangrene, osteomyelitis, etc.)
  E10 Type 1
  E11 Type 2
  E08 Secondary
  E09 Drug or chemical induced
  E13 Other specified
    .0x with hyperosmolarity with or without coma (not for Type 1)
    .1x with ketoacidosis
    .2x with renal manifestations and stage of CKD
    .3x with retinopathy – with or without macular edema and proliferative or nonproliferative changes (mild, mod, severe)
    .4x with neurologic manifestations – gastroparesis, peripheral autonomic neuropathy, etc.
    .5x with peripheral angiopathy – with or without gangrene or other vascular manifestation
    .61x with arthropathy – Charcot foot or other joint disease
    .62x with skin complications – dermatitis, skin ulcer (specify vascular or neuropathic)
    .63x with oral complications – periodontal disease or other
    .64x with hypoglycemia – with or without coma
    .65 with hyperglycemia
    .69 with other specified
Diabetes in Pregnancy

- Clarify classification of diabetes of pregnant woman
  - Type 1 diabetes
  - Type 2 diabetes and identify when patient is on long-term insulin
  - Diabetes secondary to another condition and name the condition
  - Gestational diabetes
  - Identify peripheral manifestations of diabetes (e.g., retinopathy, nephropathy, dermopathy, neuropathy)
- Clarify trimester of each visit
  Was it a diabetic who became pregnant or a nondiabetic who developed gestational diabetes?

Endocrine Complications or Metabolic Disorders After Endocrine Surgery or Other Surgery

- Postop hypoinsulinism, hypothyroidism, hyperparathyroidism, hypopituitarism, ovarian failure (symptomatic or asymptomatic)
- Specify when these are desired outcomes of (integral to) the surgery performed

Mental Disorders

Alcohol Use Problems

- Identify whether patient abuses alcohol (occasional overuse) or is dependent on alcohol
- Identify alcohol-induced effects:
  - Sleep disorder
  - Sexual dysfunction
  - Psychotic disorder
  - Amnestic disorder
  - Dementia
  - Psychosis
  - Other identified effect
Alcohol Withdrawal

Distinguish outcomes of the patient’s experience in withdrawal:

- Uncomplicated
- With delirium
- With hallucinations (visual, auditory)
- With perceptual disturbance (misinterpretation of what is there: tactile, visual, auditory)
- Unspecified

Illicit Drug Use

- Identify whether patient abuses illicit drugs and which one(s); occasional overuse, or dependent on them
- No code for dependence if there is no identified mental effect, as follows
- Identify drug-induced effects:
  - Sleep disorder
  - Sexual dysfunction
  - Psychotic disorder
  - Amnestic disorder
  - Dementia
  - Psychosis
  - Other identified effect

Delirium

- Distinguish from acute encephalopathy
- Identify when due to known physiologic cause
  - Acute or subacute brain syndrome, infective psychosis, sundowning, adverse effect of drug, etc.
- Identify when associated with known psychological manifestation
- Hallucinations, catatonia, psychosis with delusions, mood disorders, anxiety, etc.
Clarify Dementia
- Vascular dementia, with or without behavioral disturbance
- Other causes of dementia, with or without behavioral disturbance
- Identify underlying disease as causative:
  - Alzheimer's with dementia
  - Creutzfeldt-Jakob (congenital vs. mad cow or other secondary)
  - Lewy body disease
  - Frontotemporal
  - Due to hypercalcemia, MS, syphilis, etc.

Mood Disorders
- Stratify mild, moderate, severe
- Identify with or without psychotic symptoms or features
- Divide into not in remission, in partial remission, in full remission
- For bipolar, identify most recent episode hypomanic, manic, or depressive

Major Depression
- Identify if single episode or recurrent
- Stratify mild, moderate, severe
- Identify with or without psychotic features
- Identify if not in remission, in partial remission, in full remission

Intellectual Deficits
- Identify cause (hypoxic ischemic encephalopathy occurring at birth, anoxic brain damage occurring after the birth process, any other cause)
- Stratification
  - Mild: IQ level 50–55 up to about 70
  - Moderate: IQ level 35–40 up to about 50–55
  - Severe: IQ level 20–25 up to about 35–40
  - Profound: IQ level below 20–25
Central Nervous System Disorders

Meningitis

- Meningitis cases specifically identified by organism (*E. coli*, *Klebsiella*, *Meningococcus*, etc.)
- If due to another infectious disease, identify that disease first
  - Candidiasis
  - Cryptococcosis
  - Measles, mumps
  - Herpes simplex, zoster

Infections of the Brain

- G04.0, Acute disseminated encephalomyelitis (ADEM)
  - Specify when postimmunization
- G04.2, Bacterial
- G04.3, Acute necrotizing, hemorrhagic
  - Postinfectious vs. postimmunization
- G05, In diseases classified elsewhere
  - Congenital, adenovirus, measles, toxoplasmosis
- G06, Spinal abscess
  - Intracranial vs. intraspinal, and cause
- G08, Phlebitis and thrombophlebitis of brain and spinal cord
  - Septic embolism of brain or spinal cord
  - Endophlebitis or thrombophlebitis of cord

CNS Atrophies

- Primary Parkinson’s
- Secondary Parkinson’s
  - Drug induced
  - Vascular
  - Other specific cause
• Degeneration of basal ganglia
Drug-induced chorea, dyskinesia, akathisia, etc.

**Single Seizure**
• Single seizure with identified cause or not identified as epilepsy
  - Febrile seizure (simple or complex)
  - Posttraumatic seizure
  - Associated with hypoglycemia, etc.
• Identify when in newborn

**Multiple Seizures**
• Identify when associated with hippocampal (mesial temporal) sclerosis
• Recurrent seizures or epilepsy
  - Differentiate focal or partial vs. generalized
  - Identify with or without status epilepticus
  - Simple vs. complex
    — Intractable vs. not intractable

**Transient Ischemic Attack**
Be as specific as possible:
• Vertebrobasilar
• Subclavian steal
• Carotid TIA (plaque)
• Amaurosis fugax
• Transient global amnesia
• Single vs. multiple

**Hemiplegia**
Cause and effect
• Specify when late effect of stroke
• Specify flaccid or spastic hemiplegia as applicable
• Specify laterality right vs. left
Integumentary

Skin Infections and Reactions

- Abscesses, furuncles, lymphangitis, cellulitis
  - Use “acute” when appropriate
  - Laterality (right vs. left)
  - Location
  - Erythema multiform
  - Identify, when appropriate, Stevens-Johnson, toxic epidermal necrolysis, and overlap between these two
  - Identify percent of body surface involved

Pressure Ulcers

- Precise location
  - Laterality for limbs
  - Upper, middle, lower back, presacral
- Stage or tissues involved (skin, skin and subq, involving muscle, involving bone), or unstageable
- If it can be staged after treatment, revise staging

Other Skin Ulcers

- Identify cause (arterial ulcer, venous ulcer, diabetic neuropathy ulcer, infectious ulcer)
- Identify precise location
  - Laterality for hip, leg, ankle, heel, etc.
  - Level of back (upper, lower, middle, presacral, etc.)
- Identify depth of tissue actually involved (skin, skin and subq, including muscle, including bone, indeterminate)
Connective Tissue

Septic Joint
- Name joint
- Identify laterality
- Identify causative organism
- Identify underlying disease if appropriate (e.g., Hansen’s disease, paratyphoid, etc.)

Osteomyelitis
- Identify acuity
  - Acute
  - Subacute
  - Chronic
- Identify location(s), each one
- Specify laterality
- Identify when:
  - With draining sinus
  - With hematologic spread

Inflammatory Arthropathies
- Name the condition (psoriatic arthritis, Reiter’s syndrome, juvenile arthritis, ankylosing spondylitis, rheumatoid arthritis, etc.)
- Name the cause:
  - Postimmunization
  - Postintestinal bypass
  - Related to infective endocarditis
  - Congenital syphilis
  - Felty’s syndrome
  - Rheumatoid arthritis or bursitis with heart or lung or vasculitis or without organ involvement
- Identify which joint or joints involved
- Identify laterality
Gout

- Specify acute or chronic
- Specify location, laterality
- Identify if it is present with tophi
- Specify if idiopathic or secondary to:
  - Lead
  - Drugs
  - Renal disease
  - Other secondary causes

Connective Tissue Disorders

- Name the disorder (e.g., SLE, panarteritis, scleroderma)
- Name the organs involved, as appropriate
  - Endocarditis or pericarditis
  - Respiratory
  - Esophagus
  - Muscles
  - Kidneys
    - Name pathology
    - Stage CKD

Musculoskeletal

Back Deformities

- Name the condition, deformity, and part of spine involved
- For scoliosis, identify part of spine involved and age at origin:
  - Congenital
  - Infantile
  - Juvenile
  - Adolescent
  - Adult
Osteoporosis and Effects
- Identify:
  - With current pathological fracture (defined as fracture of pathologic bone with inadequate trauma to have fractured a normal bone)
  - Without current pathological fracture
  - History of pathological fracture
- Name the bone fractured and laterality, as appropriate
- Identify if age-related osteoporosis vs. other specific cause (e.g., chronic steroid use, vitamin deficiency)

Nontraumatic Fractures
- Name the cause (stress, pathological, neoplasm)
- Identify the bone fractured
- For vertebrae, specify whether fatigue fracture or vertebral collapse and region of spine
- Specify whether initial or subsequent encounter
- Identify when routine healing, delayed healing, nonunion, malunion

Meniscus Diseases
- Identify disease state, if applicable
- Identify laterality
- Identify anterior or posterior horn or bucket handle
- Identify when due to old trauma or acute

Genitourinary Disorders
Urinary Incontinence
- Stress incontinence
- Urge incontinence
- Incontinence without sensory awareness
• Postvoid dribbling
• Nocturnal enuresis
• Continuous leakage
• Mixed incontinence (stress and urge)

**GU Surgery Complications**
• Urethral stricture
• Vaginal adhesions, prolapse
• Postop pelvic adhesions from pelvic surgery
• Complications of cystostomy, other external or internal stoma of urinary tract (hemorrhage, infection, malfunction)
• Hemorrhage, hematoma, accidental puncture or laceration in genitourinary surgery; specify if identified during or after surgery

**Pregnancy and Neonatal Disorders**

**Pregnancy Risk Factors**
• Identify conditions that exist in the mother throughout the pregnancy that carry risk to the pregnancy, delivery, or postpartum phase
• Note whether they cause a problem and name the problem:
  - Diabetes
  - Anemia and cause
  - Drug use
  - Mental disorders
  - Thyroid disease
  - (Morbid) obesity
  - Heart diseases
  - Musculoskeletal problems
  - Smoking
  - Coagulopathy
Anesthesia Complications in Pregnant Women

- Identify problems that occur during administration of anesthesia caused by the anesthesia or the technique
  - Mendelson’s syndrome (aspiration pneumonitis)
  - Acute heart failure
  - Other respiratory or cardiac complication
  - Toxic reactions
  - Spinal headache
  - Differentiate procedures during pregnancy (and identify trimester) from procedures during delivery

Emboli During Pregnancy

- Identify source
  - Venous from leg vs. from pelvic veins
  - Amniotic fluid embolism
  - Septic embolism
  - Air embolism
- Specify trimester that it occurred or at childbirth
- Identify severity
  - Acute respiratory failure
  - ARDS when it occurs
  - Identify when saddle embolism

Newborn Risk Factors

(For baby’s record, not mother’s record)

- Problems arising (or suspected to be) from maternal conditions
- Complications of cord or placenta
- Problems from presentation
- Possible FHR issues (bradycardia, decelerations, etc.)
- Possible issues from passage of meconium
- Issues related to maternal anesthesia, drugs, smoking, or alcohol
Newborn Aspiration

Clarify the substance aspirated:
- Meconium
- Blood
- Gastric content
- Amniotic fluid

Clarify manifestations:
- Without respiratory manifestations
- With hypoxia
- With atelectasis
- With acute respiratory failure
- With ARDS

Eclampsia

- Clarify when eclampsia is mild or severe
- Identify HELLP (hemolysis, elevated liver enzymes, low platelet count)
- Specify trimester of eclampsia vs. occurred during delivery
- Identify presence of acute renal failure or acute pulmonary edema, hypertensive encephalopathy (including seizure, stroke), acute diastolic heart failure due to accelerated hypertension of eclampsia (hypertensive emergency)
Notes