SEVERITY OF ILLNESS—CLINICAL DEFINITIONS

When uncertain, use "possible," "probable," "suspected," "likely."
If uncertain at discharge, document uncertainty in last note and discharge summary.

Acidosis	Labs might include pH < 7.35, pCO2 > 45, HCO3 < 18, anion gap >12			
	Primary		**Compensatory response**	
Metabolic acidosis	↓pH ≅	↓HCO3 / PaCO2	↓pH ≅	↓HCO3 / ↓PaCO2
Respiratory acidosis	↓pH ≅	HCO3 / ↑PaCO2	↓pH ≅	↑HCO3 / ↑PaCO2
	Document as uncompensated or compensated and respiratory, metabolic, or mixed			
Acute exacerbation COPD/asthma	Awaken at night w/ symptoms, ↓exercise tolerance Need to ↑therapy/inhalers/O2 ↑Frequency/duration of cough, wheezing, SOB Yellow sputum, antibiotics, hemoptysis Change in oxygen status, BiPAP ↓pO2 > 10 mm Hg from base (see respiratory failure)			
Acute renal failure	↑SCr > 0.3 mg/dl or > 50% from base < 48hrs or urine output < 0.5 ml/kg/hr > 6 hrs			
Acute respiratory failure	Patient in respiratory distress and needs close monitoring, but ICU and vent not necessary. Recovery possible. pH ≤ 7.35 & pCO2 ≥ 50 or pO2 < 55 (sat < 88%) & FiO2 > 28%			
Alkalosis	Labs might include pH > 7.45, pCO2 < 28, HCO3 > 28, anion gap < 12			
	Primary		**Compensatory response**	
Metabolic alkalosis	↑pH ≅	↑HCO3 / PaCO2	↑pH ≅	↑HCO3 / ↑PaCO2
Respiratory alkalosis	↑pH ≅	HCO3 / ↓PaCO2	↑pH ≅	↓HCO3 / ↓PaCO2
	Document as uncompensated or compensated and respiratory, metabolic, or mixed			

Chronic kidney disease CKD + stage	Stage	1	2	3	4	5
	GFR	> 90	60–89	30–59	15–29	< 15

Chronic respiratory failure	Usually on home O2 for chronic hypoxemia (Partially) compensated respiratory acidosis pO2 < 55 (O2sat < 88%) or pCO2 > 50
Continuous/daily chemical dependency	Addiction/obsession to use despite severe consequences. Cessation causes withdrawal symptoms.

Debridement

Excisional debridement is surgical removal or **cutting away** of devitalized tissue or slough.
May be performed by a nurse, therapist, physician assistant, or physician in OR or at bedside.
Coding requires "depth" of tissue removed (skin/fascia/muscle/bone) and instrument description.
Nonexcisional debridement is non-operative brushing, irrigating, scrubbing, or washing of devitalized tissue, necrosis or slough, includes snipping of tissue followed by Hubbard tank therapy.
Sharp debridement and maggot therapy are non-excisional debridement.
Escharotomy is "other incision of skin and SQ tissue."

Diabetes mellitus	FBS > 126, symptoms + RBS > 200/2-hr PPBS > 20, or A1C>6.5
Uncontrolled DM	FBS > 126, RBS > 200 or A1C > 7.0
Diabetic complications	Coma, neurogenic bladder, gangrene, ulcer, retinopathy, autonomic neuropathy, nephrosis, CKD (include stage)

Diabetic ketoacidosis		**Mild DKA**	**Moderate**	**Severe**	**HHS**
Hyperosmolar/ hyperglycemic state	BS	> 250	> 250	> 250	> 600
	pH	7.25–7.3	7–7.25	< 7	> 7.3
	HCO3	15–18	10–15	< 10	> 15
	UA/S ketones	Positive			Small
	S Osmolality	Variable			> 320
	Anion gap	> 10	> 12	> 12	< 12
	Patient	Alert	Drowsy	Stupor/coma	Stupor/coma

Encephalopathy	Global brain dysfunction 2º anoxia, HTN, metabolic (acid/alkalosis/uremia), sepsis, toxin (drug/EtOH), trauma
Heart failure	Document: acute, chronic, or acute on chronic and systolic, diastolic, or both

	Chronic
Systolic HF EF < 40% Heart can't contract 2º cardiomyopathies, pulmonary HTN, myocarditis	Cx-ray Cardiomegaly S3 gallop ECHO Dilated
Diastolic HF EF - normal Heart can't relax 2º CAD, severe aortic stenosis, hypertrophic/ restrictive cardiomyopathy	EKG LVH S4 gallop ECHO abnl relaxation Likely to be HTN
Both - Any EF	Combination

Acute findings similar in all 3 types

PND, NVD	BNP
Rales	< 100 - No HF
Acute Pul edema	< 400 - Suggests HF
↑BNP	> 400 - Mild
CVP > 16cm	> 600 - Moderate
HJR, Pul edema	> 900 - Severe

Visceral congestion
Cardiomegaly at autopsy
↑ Wt > 4.5kg in 5 days requiring CHF Tx

Hypercoagulable syndrome	**Virchow's triad**	
Hypercoagulability	1° - Factor V Leiden, Protein C/Protein S deficiency 2° - Estrogen, cancer, pregnancy	
Stasis	Debility, illness, surgery, travel	
Thrombophlebitis	DVT, phlegmasia cerulea dolens (severe DVT), PE	
HTN benign/essential	140–159 or 90–99	Pre-hypertension = 120–139/80–89
Accelerated HTN	160–179 or 100–109 + retinal hemmorages and exudates	
Malignant HTN	>180 or >120 + retinal hemmorages, exudates, papiledema, organ failure	
Malnutrition	Morbid obesity with BMI > 40	Albumin < 2.1
	Cachexia with BMI< 19	Confirm w dietary consult
Myelodysplasia	↓RBC, ↓WBC, ↓platelet with dysplastic bone marrow	
Myocardial infarction	Troponin >99th percentile + sx/sx	
Pancytopenia	↓RBC, ↓WBC, and ↓platelets	
Pathological fracture	Osteoporosis/penia, tumor, atraumatic (minimal trauma)	
Precipitous drop in HCT	20% ↓HCT (is NOT a complication)	
SIRS	Systemic inflammatory response syndrome	
Sick patient plus 2 of …	WBC > 12K or < 4K	> 10% bands
	T > 101° F or < 96° F	P > 90 R > 20
Sepsis	SIRS 2° to infection + BC (bacteremia) adds validity but is not required	
Severe sepsis	Sepsis + organ failure	
Septic shock	SBP < 90 or down 40 mmHg from base 2º sepsis. Fluid resuscitation resistant > 1hr. Possibly: Dopamine used, lactic acidosis, oliguria, AMS, cardiac/limb ischemia 2º ↓BP/↓CO.	

TIA	Sx < 1 hr	*and*	CT/MRI scan (-)
Cerebral embolism/thrombosis no infarction	Sx 1–24 hrs	*and*	CT/MRI scan (-)
Stroke	Sx > 24 hrs	*or*	CT/MRI scan (+)

Ventricular tachycardia	3 PVCs in succession