

GYNECOLOGY DOC POCKET TOOL

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GYN CCs

- Abscess of Bartholin's gland
- Abscess of vulva
- Acute parametritis & pelvic cellulitis
- Acute post hemorrhagic anemia
- Acute salpingitis & oophoritis
- Chronic kidney disease (stage IV-V/ GFR<15)
- Chronic pelvic peritonitis
- Mucositis of cervix, vagina, & vulva
- Pyelonephritis
- Torsion of ovary, ovarian pedicle, or fallopian tube
- UTI

Pelvic Cancer

If the patient is being admitted for surgical treatment of any pelvic cancer, be sure to indicate the primary or recurring site as well as any known metastatic sites. If widespread pelvic cancer can be categorized as carcinomatosis, please document as such.

Anemia

If a patient is admitted for a hysterectomy with a past history of uterine fibroids or menometrorrhagia, please be sure to document chronic blood loss anemia if present.

Symptoms

For patients admitted with symptoms, please document conditions that you are "ruling out". It is helpful to document "differential diagnoses". Conditions documented as possible, probable, rule out, or questionable are coded in the inpatient setting only.

Specify differential diagnosis for symptoms such as:

Edema	Vaginal Bleeding
Pelvic Pain	Vaginal Discharge
Seizures	Vomiting

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Tests

Whenever you order a test, document the “reason” for the test in the progress notes or your orders. Include BOTH the symptom and the condition that you are attempting to rule out.

Whenever tests are abnormal, document the condition that the abnormal result represents.

Specificity and MS-DRGs

- Acute vs. chronic
- Etiology of condition
- Causative organism in infection
- Degree of severity of diseases
- Proper staging of chronic conditions (i.e.-chronic kidney disease)
- Accompanying conditions (i.e.-hemorrhage, coma, heart failure, chronic kidney disease)
- Benign vs. malignant hypertension when specifying organ disease due to hypertension
- Congestive heart failure-specify if it is acute or chronic, in addition whether it is right or left sided (or both) and systolic or diastolic (or both)
- Specify severity of malnutrition
- If patient is receiving tube feedings or TPN, document the nutrition diagnosis
- Document the total time the patient is on ventilation if it is prolonged
- Every diagnostic test and medication ordered should have a documented diagnosis
- Clinically significant diagnoses from diagnostic reports should be documented in the progress notes
- Arrows, plus signs, and many abbreviations are not sufficient documentation (i.e.-document hypokalemia not ↓ K)