Digestive System
Best Practice Documentation

Click on the desired Diagnoses link or press Enter to view all information.

Diagnoses:

- Esophageal Disorders
- Gastritis
- Ulcers
- Crohns / Regional Enteritis
- Ileus & Intestinal Obstruction
- Appendicitis / Pancreatitis
- Diverticulosis / Diverticulitis
- Diseases of the Liver
- Substance Use, Abuse, Dependence
- Calculus of Gallbladder/Bile Duct

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CHRISTIANA CARE HEALTH SYSTEM

Esophageal Disorders

Best practice documentation requires the documentation of the underlying cause of Esophageal Conditions when known.

Esophageal Ulcer

- Due to
  - Aspirin
  - GERD
  - Drugs or ETOH
  - Fungal
  - Infective
- With or without Bleeding

Esophagitis

- Underlying Cause:
- Candidal
- Due to GERD
- Ulcerative (with or without bleeding)

Esophageal Ulcer Documentation Example

Insufficient Documentation	Best Practice Documentation
EGD findings include an oozing esophageal ulcer	Patient was found to have a **bleeding esophageal ulcer due to GERD**

CHRISTIANA CARE HEALTH SYSTEM

Gastritis

- Type:
  - Acute
  - Allergic
  - Alcoholic
  - Chronic superficial
  - Chronic atrophic
  - Other chronic
  - Other (specify type)
- Bleeding
  - With bleeding
  - Without bleeding

Gastritis Documentation Example

Insufficient Documentation

- 33 year old male patient admitted with gastritis. Hgb dropped from 12.1 to 8.3. Patient consumes a six pack of beer a night.

Best Practice Documentation

- 33 year old male patient admitted with **alcoholic gastritis with signs of bleeding.** Hgb dropped from 12.1 to 8.3. Patient with **current history of alcohol abuse**, states he wants help. **Acute blood loss anemia**, transfuse one unit red blood cells.

CHRISTIANA CARE HEALTH SYSTEM

Ulcers

- Site
  - Gastric
  - Duodenal
  - Peptic
  - Gastrojejunal
- Acuity:
  - Acute
  - Chronic
  - Acute on Chronic
- With or without:
  - Hemorrhage
  - Perforation
  - Obstruction
- Related cause:
  - H. pylori
  - Medication-related

CHRISTIANA CARE HEALTH SYSTEM

Ulcers
Documentation Example

Insufficient Documentation

- 45 year old female patient presents with abdominal pain and hematemesis. Diagnosed with a gastric ulcer without any complications.

Best Practice Documentation

- 45 year old female patient presents with abdominal pain and hematemesis. Diagnosed with an **acute gastric ulcer** with **no signs of hemorrhage or perforation per EGD, most likely due to patient's chronic NSAID use. Mallory –Weiss tear noted, probable cause of hematemesis.**

Crohn’s / Regional Enteritis

- Specify site:
  - Small intestine
  - Large intestine
  - Both large and small
- Complication
  - Rectal bleeding
  - Intestinal obstruction
  - Fistula
  - Abscess
  - Other – specify and link to Crohn’s
- Document any associated diagnoses/conditions

CHRISTIANA CARE
HEALTH SYSTEM

Crohn's Documentation Example

Insufficient Documentation

- A 29 year old male patient with Crohn's disease presents with complaint of intermittent diarrhea which has become bloody over the past few days. Colonoscopy scheduled.

Best Practice Documentation

- A 29 year old male patient with Crohn's disease presents with complaint of intermittent diarrhea which has become bloody over the past few days. Colonoscopy shows patchy areas of inflammation from anus to cecum with an area just below the ileocecal junction that is actively bleeding.

Dx: **Crohn's disease of the large intestine with rectal bleeding.**

Ileus & Intestinal Obstruction

- Underlying cause:
  - Paralytic ileus
  - Intussusception
  - Volvulus
  - Gallstone Ileus
  - Due to adhesions
  - Fecal impaction
  - Ileus, routine postoperatively
  - Ileus, due to postoperative complications

Appendicitis / Pancreatitis

Appendicitis

- Severity
  - Acute
  - Chronic
  - Recurrent
  - Subacute
- With :
  - Perforated or ruptured appendix
  - Peritoneal abscess
  - Peritonitis
    - Generalized
    - Localized

Pancreatitis

- Acuity:
  - Acute
  - Chronic
- Underlying cause:
  - Idiopathic
  - Biliary
  - Alcohol induced
  - Drug induced (specify drug)

CHRISTIANA CARE
HEALTH SYSTEM

Diverticulosis / Diverticulitis

- Site:
  - Small intestine
  - Large intestine
  - Both small & large intestine
- Associated bleeding
  - With bleeding
  - Without bleeding
- Additional Diverticulitis Complications
  - Perforation
  - Abscess

Diverticulosis / Diverticulitis Documentation Example

Insufficient Documentation

- Patient admitted with c/o abdominal pain. History of diverticulosis. CT scan reveals diverticulitis.

Best Practice Documentation

- Patient admitted with 3 day history of increasing lower left abdominal pain. **Denies bloody stools. CT scan shows acute diverticulitis of the small bowel , no additional complications.**

Diseases of the Liver

Alcoholic Liver Disease

- Type
  - Fatty liver
  - Hepatitis
    - Specify presence of ascites
  - Fibrosis and sclerosis
  - Cirrhosis
    - Specify presence of ascites
  - Hepatic failure
    - Specify with or without coma
- Include Alcohol
  - Use
  - Abuse
  - Dependence

Toxic Liver Disease

- Specify any associated diagnoses
  - Cholestasis
  - Hepatic necrosis
    - with or without coma
  - Acute hepatitis
  - Chronic hepatitis
    - persistent
    - lobar
    - active hepatitis
      - specify presence of ascites
  - Fibrosis and cirrhosis
  - Other (specify)
- Specify drug or toxin

Diseases of the Liver

Fibrosis and Cirrhosis

- Specify type:
  - Alcoholic
  - Non-alcoholic
- Further specify:
  - Fibrosis
  - Sclerosis
  - Fibrosis with hepatic sclerosis
  - Biliary cirrhosis
    - Primary
    - Secondary

Hepatic Failure

- Acuity
  - Acute or subacute
  - Chronic
- Coma
  - With Coma
  - Without Coma
- Underlying cause:
  - Alcohol
  - Drugs
  - Complication of a Procedure
  - Due to other Documented Disease process

CHRISTIANA CARE
HEALTH SYSTEM

Substance Use, Abuse, Dependence

Since the underlying etiology of many digestive system disorders may relate to drug and alcohol abuse it is import that you understand best document practice documentation for substance abuse.

- Specify pattern of consumption and be consistent in your documentation:
  - Use
  - Abuse
  - Dependence
- When documenting the pattern of consumption be mindful that
  - If the patient uses and abuses the same substance this will be captured as abuse.
  - If the patient abuses and is dependent on the same substance this will be captured as dependence.
  - If the patient uses, abuses, and is dependent on the same substance, this will be captured as dependence
  - If the patient uses and is dependent on the same substance this will be captured as dependence

Calculus of Gallbladder / Bile Duct

Common terms: Cholelithiasis, Choledocholithiasis

- Site of calculus
  - Gallbladder
  - Bile duct
  - Both gallbladder and bile duct

- Associated complications
  - Acute and/or chronic cholecystitis
  - With or without obstruction
  - Acute and/or chronic cholangitis

Cholelithiasis / Choledocholithiasis Documentation Example

Insufficient Documentation

- 52 year old female presents to the ED with a two day history of fever, chills, and right upper quadrant pain that now radiates to her right shoulder and upper back. She states she has a history of gallstones and is scheduled for surgical removal of her gallbladder next month. Temp 101,HR 102,RR 16, BP 100/50. Abdominal ultrasound shows dilation of the bile duct with stone present.
- Impression: Cholangitis with gallstones.

Best Practice Documentation

- 52 year old female presents to the ED with a two day history of fever, chills, and right upper quadrant pain that now radiates to her right shoulder and upper back. She states she has a history of gallstones and is scheduled for surgical removal of her gallbladder next month. Temp 101,HR 102,RR 16, BP 100/50. Abdominal ultrasound shows dilation of the bile duct with stone present.
- Impression: **Choledocholithiasis with acute cholangitis without obstruction. Cholelithiasis.**

Key Documentation Concepts

Best practice documentation requires you to hit all of the following key elements:

Document :

- Specify severity or status of the disease, (e.g., acute or chronic, recurrent)
- Specify exact site (e.g., large and/or small intestine, anal, rectal, anorectal, ischiorectal, intersphincteric)
- Clearly identify any complications that are often associated with a specific condition (e.g., bleeding, obstruction, abscess, etc.)
- Document the etiology of diseases (e.g., alcohol induced, gallstone, drug-induced, idiopathic, or other associated cause).

Take the Extra Step!

Document:

- ALL chronic conditions – present and stable but managed.
- Significance of abnormal tests (i.e.: UTI, electrolytes, echo)
- Clarify whether diagnoses are ruled in or ruled out
- Establish cause-and-effect relationships (liking DM to manifestations)
- Laterality, if applicable
- Explain the “why” and “ because” to support medical necessity
- Any tobacco use, abuse, dependence, history of smoke exposure (e.g., second hand, occupational, etc.)