

# Renal Documentation Tips

Because renal insufficiency is often used interchangeably with renal disease → the term insufficiency requires further specification. If the patient has renal insufficiency due to another condition then link the 2 diagnoses. Ex. Renal insufficiency 2/2 dehydration, volume depletion, etc. If the patient has underlying chronic kidney disease then avoid using insufficiency and document CKD and stage.

Acute on CKD does not translate to Acute renal failure. Acute on CKD requires further clarification -> do you mean the CKD has worsened? Or does the patient have Acute renal failure on CKD(with stage)?

UTI medical necessity → List all comorbid conditions. Note for example → patient's symptoms of encephalopathy, increased WBC's place patient at risk for developing sepsis. If patient meets SIRS criteria with active UTI then Sepsis 2/2 UTI would be appropriate.

<b>Nonspecific</b>	<b>Specific</b>
Renal insufficiency	Renal insufficiency 2/2 dehydration, volume depletion, etc
CKD	CKD + <b>stage</b> . Link to underlying disease if known such as DM, HTN, congenital, etc.
Hydronephrosis (often seen on CT)	Document all findings under A/P with associated tx needs → such as will have f/u CT, renal consult required, monitor creatinine, etc
UTI	Link to organism. Note if due to underlying device. Ex. UTI 2/2 foley, ureteral stents, etc
Ostomy infection	Cellulitis around stoma, Ileal conduit associated UTI
ARF 2/2 hypotension, drugs	<b>ATN</b> 2/2 contrast, prolonged hypotension, etc (link suspected etiology)
Sepsis, Acute hypoxic respiratory failure, UTI	Severe sepsis 2/2 UTI <u>with</u> Acute hypoxic respiratory failure. Remember to link any organ dysfunction to sepsis if that is the underlying cause for the failure.
Cardiorenal syndrome, CHF	Establish link → CHF(type/acuity) with Cardiorenal syndrome