

Weekly tips from ERG documentation committee to improve our documentation under the new 2023 CMS Guidelines – Week 3

Our charts are now coded based on three categories

1. Problem
2. Data
3. Risk

*This is only for **Level 5 charts**

Drug therapy requiring monitoring for toxicity.

- They are not only looking to see if you ordered the medication but also to see if you described *how you would be monitoring the patient.*

- Think does patient meet the criteria for critical care time?
 - **Examples**
 - Patient started on Diltiazem drip for control of rapid afib, will continue to monitor patient with ongoing telemetry monitoring for any toxicity.
 - Patient started on a Heparin drip for PE, will continue to monitor for toxicity by obtaining serial coagulation studies to evaluate levels.
 - A list of these medications includes: (* **some that might be overlooked**)

*Adenosine	Enalapril IV	*Magnesium IV	Propofol
*Amiodarone IV	*Ephedrine IV/IM/SC	*Metoprolol IV	Succinylcholine
Amrinone	Ephedrine	Milrinone	Thrombolytics
*Atropine	Esmolol	Nicardipine IV	Vasopressin
Bicarb IV	Etomidate	NTG IV	Versed
*Blood products	*Haldol IV	Nitroprusside	Verapamil IV
*Coumadin	*Heparin	Nitrous Oxide	3% Saline
*D50/Glucagon	*Hydralazine IV	Norepinephrine	
Dig IV	*Insulin gtt	Phenylephrine	
Dilantin (phenytoin IV)	Isoproterenol	*Potassium IV	
Dobutamine	Ketamine	Precedex	
Dopamine	*Labetalol IV	Procainamide	
Droperidol	Lidocaine IV	Rocuronium	

Please feel free to reach out to me or any of the documentation committee with any questions/comments.

Fred Blind – fred.blind@mylrh.org

Rawan Kablawi – rkablawi@gmail.com

Carol Mannings – cmannings@ergjax.com