

Cardiology Quick Reference Guide

Most Important Details to Document

Coronary artery disease

- Name of vessels with disease
- Presence in native bypass vessel

Angina

- Type: stable, unstable, with documented spasm

Valve Disorders

- Site: aortic, mitral, tricuspid
- Cause: rheumatic or non-rheumatic
- Condition: prolapse - mitral only, insufficiency, stenosis, stenosis with insufficiency (not mitral), regurgitation

AMI

- Type: non-STEMI or STEMI
- Site of STEMI and artery involved
- Etiology of NSTEMI
- Document when any previous MI occurred

Shock

- Type/cause: cardiogenic, hypovolemic, post-procedural, septic, anaphylactic, post-traumatic

Atrial fibrillation

- Type: paroxysmal, persistent, long-standing persistent, permanent

Atrial flutter

- Type: atypical, Type 1, Type 2, typical

Heart Failure

- Severity: acute, chronic, acute on chronic
- Type: systolic, diastolic

Hypertensive Heart Disease

- Link hypertension when cause of heart disease/failure (i.e. hypertensive heart disease with chronic diastolic heart failure)

Renal Failure

- Severity/acuity and any necrosis (tubular, medullary, cortical)
- Cause/etiology
- Stage of CKD

Anemia

Severity, etiology (e.g. acute blood loss anemia)

Skin Ulcers

- Pressure Ulcers: stage
- Non-pressure Ulcers: severity/depth and etiology (i.e. diabetes, PVD, radiation)

Always include these Risk Factors in Documentation

Tobacco Use

Type of tobacco and use status (current, history of)

Diabetes

Type 1 or Type 2, any associated complications (i.e. diabetic retinopathy)

Nutrition

Malnutrition: severity (mild, moderate, severe)

Obesity: morbid, include BMI and any associated conditions (i.e. Pickwickian Syndrome)

Patient Non-compliance/Underdosing of Medications

Describe any patient non-compliance with taking medications; include the reasons for non-compliance (i.e. financial, did not understand instructions)

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Atrial Fibrillation

Term	Definition
Paroxysmal AF	AF that terminates spontaneously or with intervention within 7 days of onset. Episodes may recur with variable frequency.
Persistent AF	Continuous AF that is sustained > 7 days.
Long-standing Persistent AF	Continuous AF > 12 months in duration; treating rate and rhythm.
Permanent	Continuous AF > 12 month in duration; treating rate only. Agreement between patient and clinician not to pursue further interventions. <i>Note: a diagnostic statement of "chronic atrial fibrillation" defaults to Permanent AF.</i>

Pressure Ulcer Stages

- Stage 1: pre-ulcer skin changes limited to persistent focal edema or redness
- Stage 2: abrasion, blister, partial thickness skin loss involving epidermis and/or dermis
- Stage 3: full thickness skin loss involving damage or necrosis of subcutaneous tissue
- Stage 4: necrosis of soft tissues through to underlying muscle, tendon, or bone
- Unstageable: ulcer stage cannot be clinically determined (covered by eschar or has been treated with a skin/muscle graft)

Non-pressure Ulcer

- Skin breakdown only
- Fat layer exposed
- Muscle necrosis
- Bone necrosis

Acute Kidney Injury Definition:

- Increase in SCr ≥ 0.3 mg/dl within 48 hrs OR
- Increase in SCr 1.5x baseline within 7 days OR
- Decrease on urinary output < 0.5 mg/kg/hr x 6 hrs (Should not be sole criteria for diagnosis)

Acute Tubular Necrosis:

- ATN is a common cause of AKI and is a clinical diagnosis.
- If the clinical setting is appropriate (hypotension, ischemia, etc.), the renal dysfunction is persistent after correcting other underlying pathology (volume depletion, urinary obstruction, etc.), and other etiologies have been ruled out (acute interstitial nephritis, glomerular nephritis, etc.), then a diagnosis of ATN can strongly be suspected.
- This can be further supported by a urine sediment with coarse granular casts.

Etiology is based on clinical setting but certain findings can suggest specific diagnosis, such as:

- a Renal Ultrasound: rule out obstruction
- b. Urinalysis
 - Coarse granular casts: supports diagnosis of ATN
 - WBCs or WBC casts: supports diagnosis of infection, interstitial nephritis, or athero-embolic
 - Dysmorphic RBCs or proteinuria: consider Glomerular Pathology

ATN is considered a diagnosis of exclusion. If Serum Creatinine meets the diagnostic criteria for AKI, has been elevated greater than 48 hours with treatment and all other causes regarding the etiology of the Acute Kidney Injury have been ruled out, consideration should be made regarding the diagnosis of possible/probable/likely/ or suspected Acute Tubular Necrosis.

Reference: KDIGO Clinical Practice Guideline for Acute Kidney Injury, *Kidney Int Suppl.* 2012;2(Suppl 1):8.