***CDI COVID-19 CDI COVID-19 Survival Toolkit: CDI Provider Tip Sheet***

*By Dawn Valdez RN, LNC, CCDS*

Documentation for COVID-19 patients will be ***critical to capture chronic comorbid conditions as well as any manifestation that develops as a result of COVID-19*** as some of the manifestations can leave long lasting conditions that will have the potential of needing further medical care in the future such as pulmonary fibrosis arising from acute respiratory distress syndrome (ARDS).

***COVID-19 testing***

Confirmed/Non-Confirmed: A provider’s statement that the condition exists is sufficient.

***Present on admission (POA) status***

POA status is important for any condition that developed and had NO signs of being present on admission.

***Document associated manifestations such as:***

***Respiratory conditions:***

* Acute respiratory failure (without ARDS)
* Acute respiratory failure progressed to ARDS (POA status is important for ARDS)
* Pneumonia: Please specify type
  + Viral, bacterial (please state suspected or known organism) (bacterial superimposed on viral)
  + Lobar (please state laterality and lobe)
  + Aspiration (superimposed on viral etc.)
* Lower respiratory infection,
* Acute bronchitis, asthma exacerbation, or chronic obstructive pulmonary disease (COPD) exacerbation

***Systemic manifestations:***

* Viral sepsis (severe) and/or bacterial sepsis (severe)
* Multi organ failure: Diagnosis needed for each organ failure with acuity if applicable

***Other conditions:***

* Leukopenia/Thrombocytopenia/Anemia (type)
* Sickle cell crisis, disseminated intravascular coagulation (DIC), acute kidney injury, acute liver failure, metabolic encephalopathy

***Cytokine storm:***

Document ***underlying etiology*** for cytokine release syndrome (CRS) such as:

* Secondary hematophagocytic lymphohistiocytosis (sHLH)
* Systemic inflammatory response syndrome (non-infectious) or viral sepsis (with infection)
* Lupus or rheumatoid arthritis
* Other immune disorder, please specify