

### Abuse or Neglect

- Document if abuse, neglect, or maltreatment is Suspected, Confirmed, or Ruled out
- Specify reason for suspicion (i.e. inappropriate parental response, inadequate history of injury, mechanism of injury not consistent with physical findings, evidence of neglect or abuse, etc.)
- Specify physical exam findings as appropriate including physical and emotional state of the child, hygiene, appropriateness of clothing, growth measurement, skin findings (i.e. bruises, burns, etc.), ophthalmic exam, genital exam, and radiological findings
- Include drawings of injuries and details of dimensions, color, shape, texture

### Acute Renal Failure/Acute Kidney Injury

- Be specific with documentation as Acute Renal **INSUFFICIENCY** and Acute Kidney **DISEASE** are not reported as Acute Renal Failure/Acute Kidney Injury and does not capture Severity of Illness or Risk of Mortality
- Specify Etiology of Acute Renal Failure/Acute Kidney Injury (i.e. prerenal, intrarenal, or post renal)
- Specify if Acute Renal Failure/Acute Kidney Injury is due to Acute Tubular Necrosis (ATN), Acute Cortical Necrosis, or Acute Medullary Necrosis

### Clinical Indicators

- Serum creatinine increased 0.3 mg/dl in 48 hours OR
- Increased 1.5 to 1.9 X base creatinine in 7 days (known or presumed) OR
- Urine output < 0.5 ml/kg/hour for 6 hours

### Epilepsy

- Document if Epilepsy is Intractable **AND** with or without status epilepticus
- Specify Type (i.e. generalized idiopathic, simple partial, complex partial, etc.)
- Specify any special epileptic syndromes (i.e. seizure r/t ETOH, drugs, sleep deprivation, etc.)
- Specify Control, including descriptions of poorly controlled, pharmacoresistant, treatment resistant, refractory, etc.)

### Cystic Fibrosis

- Document the Organ System Involvement including manifestations
- Document if admission is related to a manifestation, complication or exacerbation of Cystic Fibrosis
- Document any infectious organisms present (i.e. Pseudomonas, Staph, Hemophilus) and clarify if active infection or colonized

### Clinical Indicators

- Pulmonary (Bronchiectasis, Bronchitis, recurrent Pneumonia, Pneumothorax, etc.)
- Gastrointestinal (Meconium Ileus, intestinal obstruction, liver disease, DIOS [distal intestinal obstruction] etc.)
- Pancreatic (Pancreatitis, CF related Diabetes, Pancreatic Insufficiency with malabsorption, etc.)

### Cerebral Palsy

- Document the presence of **SPASTICITY**
- Specify type (i.e. quadriplegic, diplegic, hemiplegic, dyskinetic, athetoid, etc.)

### Intellectual Disability

- Formerly known as mental retardation and commonly associated with Down's Syndrome, birth defects, Fetal Alcohol Syndrome, infection, head trauma, drugs, poisons, and toxins
- Document Adaptive Behavior Problem (i.e. language, literacy, self-direction, social skills, or practical skills like activities of daily living, occupation, and safety)
- Specify Co-Morbid Conditions (i.e. Functional Quadriplegia, Pressure Ulcers, Aspiration Pneumonia, etc.)
- Specify Severity of Intellectual Disability

### Clinical Indicators

- Mild: IQ 50 - 69
- Moderate: IQ 35 - 49
- Severe: IQ 20 - 34
- Profound: IQ < 20
- Borderline intellectual function (IQ 70 - 84) is considered a learning disability

### Malnutrition

- Acute Malnutrition is defined as < 3 months duration
- Chronic Malnutrition is defined as ≥ 3 months duration
- Specify Type of Malnutrition (i.e. protein calorie or protein energy)
- Specify Degree of Malnutrition (i.e. mild, moderate, or severe)
- Specify Acuity (i.e. acute, chronic, or acute on chronic)
- Specify any related social or environmental issues

### Clinical Indicators

(for those at least 1 month of age or corrected gestational age)

- Mild: wt.: length or BMI: age z-score < -1 OR z-score decrease < 1 in wt.: age or length/height: age
- Moderate: wt.: length or BMI: age z-score < -2 OR z-score decrease > 1 in wt.: age or length/height: age
- Severe: wt.: length or BMI: age z-score < -3 OR z-score decrease > 2 in wt.: age or length/height: age

### Newborn Documentation

- Document where the **BIRTH** occurred (i.e. in hospital [specify delivery type], or outside hospital)
- Any maternal conditions affecting the Newborn
- Gestational age of the Newborn
- Weight of the Newborn
- Any congenital vs. acquired conditions
- Any associated diagnoses/conditions

### Respiratory Failure

Mechanical Ventilation/Intubation is NOT required for diagnosis.

- Specify Acuity (i.e. acute, chronic, or acute on chronic)
- Specify Type (i.e. hypoxic, hypercapnic, etc.)
- Specify (if applicable) tobacco use, abuse, dependence or exposure
- Distinguish between Respiratory Distress Syndrome, Respiratory Arrest, and Post-procedural Respiratory Failure

### Clinical Indicators

#### Acute Hypoxemic Respiratory Failure

- Must have respiratory distress AND one of the following: SaO<sub>2</sub> < 88% on room air; supplemental oxygen with FiO<sub>2</sub> > 0.30 - 0.35 to maintain SpO<sub>2</sub> ≥ 90%; any level of nasal CPAP or nasal bilateral positive airway pressure (BiPAP) (except for obstructive sleep apnea); Arterial PaO<sub>2</sub> of < 60 mmHg on room air; PF ratio < 300; any level of high-flow nasal cannula. If ABG's drawn, could see pH decreasing to 7.32 or less

#### Acute Hypercapnic Respiratory Failure

- Must have respiratory distress AND one of the following: pCO<sub>2</sub> ≥ 50 mmHg with pH < 7.35; 10 mmHg increase in baseline pCO<sub>2</sub> (if known)

#### Chronic Respiratory Failure

- Requires Home Oxygen or Ventilator support; baseline SaO<sub>2</sub> < 88% on RA or pCO<sub>2</sub> > 50 with a normal pH; Polycythemia also supports a diagnosis of Chronic Respiratory Failure due to the chronic criteria

### Sepsis

Do not document Urosepsis, document Sepsis due to UTI

- Specify causative organism, if known
- Specify related local infection (i.e. Pneumonia, Cellulitis, UTI, etc.)
- Specify if Present on Admission (POA) vs. Hospital Acquired
- Specify any circulatory failure or other associated organ dysfunction as a result of Sepsis
- Specify if the Sepsis is due to a device, implant, graft, infusion, or abortion
- When Sepsis and cardiovascular organ dysfunction occur (see organ dysfunction criteria)

### Severe Sepsis

When cardiovascular organ dysfunction or ARDS or two or more other dysfunction occur (see organ dysfunction criteria)

### Clinical Indicators

Sepsis is considered severe when it is associated with cardiovascular dysfunction, Acute Respiratory Distress Syndrome (ARDS), or dysfunction in two or more other organ systems

#### Cardiovascular

- Hypotension, vasoactive drugs needed to maintain BP or two of the following:
  - Metabolic acidosis
  - Elevated arterial lactate
  - Oliguria
  - Prolonged capillary refill

#### Hematologic

- Platelet count < 80,000/mm or decline of 50% in the platelet count from highest recorded value over the past 3 days (for chronic hematology/oncology patients)
- International normalized ratio > 2

#### Hepatic

- Total bilirubin > 4 mg/dl (not applicable for Newborn)
- ALT 2 times upper limit of normal for age

#### Neurologic

- Glasgow Coma Score < 11
- Acute change in mental status with decrease in Glasgow Coma Scale > 3 points from abnormal baseline

#### Renal

- Serum creatinine > 2 times upper limit of normal age or 2-fold increase in baseline creatinine

#### Respiratory (see also criteria under respiratory failure)

- P/F (pO<sub>2</sub>/FiO<sub>2</sub>) < 300 in absence of cyanotic heart disease or
- Pre-existing lung disease
- PaCO<sub>2</sub> > 65 or 20 mmHg over baseline PaCO<sub>2</sub>
- Proven need or > 50% FiO<sub>2</sub> to maintain saturation > 92%

### Clinical Indicators (Sepsis)

2 or more of the following criteria (one of which must be abnormal temperature or leukocyte count) with age appropriate values taken into consideration:

- Tachycardia
- Bradycardia (only applicable for Newborn Infant)
- Tachypnea
- Elevated or depressed leukocyte count
- Depressed systolic BP
- Abnormal temperature