

Acute Kidney Disease

EMERGENT CONDITION SERIES

Acute kidney failure, or acute kidney injury (AKI), is a sudden interruption of renal function following any one of a variety of conditions that insult the normal kidney. Although usually reversible with treatment, acute kidney failure, sometimes called acute renal failure (ARF) may progress to chronic renal insufficiency, chronic renal failure, or death. The causes of acute kidney failure are classified to prerenal, intrinsic, or postrenal. Prerenal failure is due to diminished blood flow to the kidneys. Intrinsic failure results from diseases and disorders of the kidneys themselves. Postrenal failure is due to problems moving urine out of the kidneys.

ICD-10 CODES

N17.0 Acute kidney failure with tubular necrosis

N17.1 Acute kidney failure with acute cortical necrosis

N17.2 Acute kidney failure with medullary necrosis

N17.8 Other acute kidney failure

N17.9 Acute kidney failure, unspecified

N19 Unspecified kidney failure

Z87.448 Personal history of other diseases of urinary system

DOCUMENTATION ACRONYMS

DEEP Diagnosis Elements

Include elements of DEEP in documentation to clinically support acute kidney disease.

Diagnosis: Acute Kidney Disease

Evidence: UA reveals hematuria, RBC casts and granular casts, ultrasound confirmed AKI

Evaluation: Acute cortical necrosis

Plan: Urgent followup with nephrology, continue fluids, monitor for volume overload

Final Assessment Details

Include DSP for each addressed condition impacting treatment and patient care.

Diagnosis:

Acute Kidney Disease Diagnosis

- Cause if known
- Secondary conditions

Status:

Active

- Current Symptoms

Historical (resolved)

- Status of secondary conditions

Plan:

- Pharmacologic
- Control of cause
- Referrals
- Lifestyle changes
- Symptom management

BEST PRACTICES & TIPS

- **Specificity is key!** Always indicate the type of acute kidney disease, along with any contributing conditions, and use verbiage to solidify any relationship between the two.
- Final diagnosis of kidney disease is **not assumed to be acute or chronic** and the status must be stated to accurately represent the disease.
- When documenting AKI and its etiology, be sure to document **all compounding confirmed factors** to get a complete picture of the patients' health status.
- DSP should be applied for all diseases **as well as** for the resulting kidney disease. Status should be apparent by using descriptive words to clarify the presence and severity of the illnesses. (Chronic, acute, mild, moderate, severe, resolved, uncontrolled, etc.)
- Documentation should **always include DEEP elements** for acute kidney disease to show clinical evidence by incorporating labs, imaging, signs and symptoms and documenting any associated treatments.
- If an AKI is resolved it is **important** to document this as a personal history. The underlying cause of the kidney insult may still be reported as active as long as it is still present.
- **Avoid** documenting active AKI as a "history of" as this suggests a resolved status and causes conflict within the documentation.
- Confirmation should be found within the documentation representing the **cause and effect** relationship between any condition that attributed to the presence of acute kidney failure.



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