Anemia

Always document the type of “anemia” as a separate problem from its cause.

1. Acute Blood Loss Anemias:
   - If a patient is anemic after an MVA, GSW, GI Bleed, Epistaxis, Laceration, Hematoma, Hematuria, Abnormal Uterine Bleeding, etc., that anemia is due to acute blood loss and should be documented as a separate problem from what caused it
     - **Ex:** Prob #1 – GI Bleed due to diverticulosis
     - Prob #2 – Acute Blood Loss Anemia due to GI Bleed
     - **Ex:** Prob #1 – Retroperitoneal Bleed due to warfarin
     - Prob #2 – Acute Blood Loss Anemia due to Retroperitoneal Bleed
   - A transfusion is not required to make this diagnosis.

2. Chronic Anemias:
   - Should always have the cause documented if known
   - Please document a likely cause as opposed to a pathological description

<table>
<thead>
<tr>
<th>Clinical language that does NOT support your patients’ severity of illness</th>
<th>Highly effective terminology that accurately reflects your patients’ acuity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypochromic, microcytic anemia</td>
<td>Iron deficiency anemia</td>
</tr>
</tbody>
</table>

- Don’t forget that “possible, probable, likely, suspected” is acceptable until you determine the etiology through your clinical work-up.