

East Jefferson General Hospital

Documentation Tips: CVA & TIA

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Cerebrovascular Accident (CVA)

Specified documentation of CVAs is necessary to capture the appropriate level of acuity.

Infarction

- Due to embolism, occlusion, stenosis, or thrombosis
- Artery or arteries affected
- Laterality of location
- Document TPA administration
- Acuity: Acute, chronic, subacute

Example: CVA due to thrombosis of right middle cerebral artery

Hemorrhage

- Due to trauma or spontaneous
- Location of bleed: Epidural, Subdural, Intracerebral, Subarachnoid, etc.
- Artery or arteries involved
- Laterality of bleed
- Acuity: Acute, chronic, subacute

Example: Acute traumatic subdural hemorrhage

Consider documenting brain herniation, compression of brain or cerebral or vasogenic edema when CT/MRI findings include mass effect, midline shift, or compression of ventricles.

Document associated deficits & conditions:

- Dysphagia, dysphasia, aphasia, hemiparesis, hemiplegia, ataxia, vertigo, coma, weakness
- Hemorrhagic conversion
- Specify if with loss of consciousness and duration.

Transient Ischemic Attack (TIA)

If known or suspected, document the following rather than TIA when appropriate:

- Vertebro-basilar artery syndrome
- Carotid artery syndrome
- Precerebral artery syndrome
- Amaurosis fugax
- Transient global amnesia
- Other cerebral ischemic attacks and syndromes

Document underlying cause of symptoms attributed to TIA, such as:

- Anemia
- Atrial fibrillation
- Benign or malignant brain tumor
- Carotid sinus syndrome
- Dehydration / electrolyte abnormality
- Migraine
- Orthostatic hypotension
- Seizures
- Sick sinus syndrome
- UTI



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