

East Jefferson General Hospital

Documentation Tip: Myopathy

January 2020

Myopathy

Myopathy can be a clinical diagnosis. For patients with acute illness often the reason for muscle weakness and wasting is a fundamental mitochondrial change induced by hypoxia (actual decreased pO₂ or shift in oxygen dissociation curve), malnutrition, toxins (infectious, chemical), or paraneoplastic agents that cause primary disruption of muscle function. That is why a human gets “weak” and “debilitated”.

Possible Clinical Indicators

- Underlying acute illness
- ICU/CCU ≥ 6 days
- Mechanical ventilation
- Increased serum creatinine
- Related to some medications Status
- Increased lactic acid
- Bedridden
- Need for physical restraints

Treatment

- PT/OT consultation
- Nutrition consultation
- Nutrition supplementation
- Transfer to skilled nursing

Documentation Tips

- Begin documentation of myopathy on inpatient encounters.
- Follow up on condition of myopathy by documenting “PT/OT notes reviewed,” or “spoke with PT/OT regarding patient status.”
- Use the diagnostic term myopathy versus “weak” or “debilitated”
- Indicate reason for PT/OT consultation as myopathy
- Maintain continuity of myopathy documentation from IP to SNF noting the need for continued PT or OT, or we would face denials.

Documentation must reflect need for continued PT/OT and skilled nursing resources.



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