

Training Case Scenarios

Harms Training Case Scenarios - Answers: April 26, 2018

These training cases were developed for the CIHR-funded study “Testing the World Health Organization’s 11th Version of ICD” led by Cathy Eastwood, Danielle Southern, Alicia Boxill, Bill Ghali, Hude Quan, underway at the University of Calgary, Department of Community Health Sciences. This study involves coding 3000 full inpatient discharge records using ICD-11.

These cases were reviewed by Cathy Eastwood and Lori Moskal.

Codes were updated as of April 9, 2018.

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Training Case Scenarios

Case #	Case Summary	ICD-11 Codes with descriptions Last updated April 9, 2018 Beta Draft (Live version of ICD-11)	Comments
1	Patient experienced an unexpected burn to chest wall as a result of radiation therapy for lung cancer. The documentation reveals that the exposure time was inadvertently prolonged. Cold compresses were applied to relieve the patient's discomfort.		
2	The patient sustained multiple rib fractures associated with chest compressions during cardiopulmonary resuscitation.		
3	Patient had excision of a colon segment for cancer. On postoperative day one, the patient got out of the hospital bed without assistance and fell. The result was a fractured hip.		

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4	Patient had left hip replacement performed. The operative report documents that after closure of the wound and while the patient was still in the operating room, one surgical sponge was noted to be missing in the sponge count. Intraoperative X-ray confirmed a sponge marker within the acetabulum; the patient was prepped and draped again. The incision was reopened to remove the sponge.		
5	Following infusion of blood products while in ICU, patient develops symptoms that are documented as a mild transfusion reaction.		
6	Patient diagnosed with streptococcal sepsis following left-side oophorectomy for ovarian malignancy.		

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7	A patient had an abdominal hysterectomy and was discharged home. She returned to hospital with a wound infection.		
8	The patient was admitted for a mechanical valve replacement. As the incision was being closed, she arrested on the operating room table. An open cardiac massage was performed but was unsuccessful and the patient died in the operating room.		
9	Two days following elective surgery for graft repair of an abdominal aortic aneurysm, patient develops respiratory failure requiring ventilator support.		
10	Patient had an inguinal hernia repair and developed nausea and vomiting following surgery which settled quickly on its own.		

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11	Patient admitted for Anasarca. Patient developed metabolic alkalosis secondary to aggressive diuresis. COMORBIDITIES: A Fib [atrial fibrillation] / CHF [congestive heart failure] / chronic kidney disease [chronic renal failure] / hip replacement / hypertension / mitral valve replacement / pulmonary hypertension / rheumatoid arthritis.		
12	Patient admitted for acute respiratory distress syndrome. Patient developed new pressure ulcer in the hospital. COMORBIDITIES: DM2 [type 2 diabetes mellitus]-NIDDM / morbid obesity.		

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13	Patient admitted for cellulitis. Patient had a fall in emergency department and fractured elbow. COMORBIDITIES: BPH / dementia / DVT [deep venous thrombosis] / dyslipidemia / fracture, elbow / GERD [gastroesophageal reflux disease] / glaucoma, acute angle-closure / hypercholesterolemia / osteoarthritis / PE [pulmonary embolism] / UTI [urinary tract infection].		

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14	Patient admitted for chronic obstructive pulmonary disease. Patient developed hospital acquired pneumonia. COMORBIDITIES: A Fib [atrial fibrillation] / compression fracture / COPD [chronic obstructive pulmonary disease] / hernia / herniated disc / osteoporosis.		
15	Patient admitted for deep venous thrombosis. Patient experienced benzodiazepine withdrawal as it was stopped for delirium. Patient developed urinary tract infection and pneumonia while in hospital. COMORBIDITIES: angina (angina pectoris) / gout / polymyalgia rheumatica / urosepsis.		

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16	Patient admitted for hepatitis, alcoholic. Patient had a fall. COMORBIDITIES: alcohol abuse (alcoholism) / alcohol withdrawal / gastritis / GI bleed (upper) / pancreatitis.		
17	Patient admitted for pancreatitis. Patient required soft restraints to keep nasogastric tube in place. COMORBIDITIES: None.		
18	Patient admitted for pneumonia. Patient experienced urethra trauma likely secondary to urinary catheter. COMORBIDITIES: COPD [chronic obstructive pulmonary disease] / dementia / DM2 [type 2 diabetes mellitus]-NIDDM / hypertension / narcolepsy / prostate cancer / psoriasis.		

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19	Patient admitted for Sepsis. Patient had a traumatic bleed secondary to urinary catheter. COMORBIDITIES: back pain / carpal tunnel syndrome / COPD [chronic obstructive pulmonary disease] / DM2 [type 2 diabetes mellitus]-NIDDM / hypertension.		

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20	Patient admitted for sepsis. Patient needed urgent hemodialysis. Multiple attempts to inset a line which caused hematoma. COMORBIDITIES: chronic kidney disease [chronic renal failure] / depression / DM2 [type 2 diabetes mellitus]-NIDDM / fracture, pelvic / hypertension.		
21	Patient admitted for urinary tract infection. Patient developed urinary catheter associated bleeding. COMORBIDITIES: chronic kidney disease [chronic renal failure] / COPD [chronic obstructive pulmonary disease] / GI bleed (lower) / hypertension.		

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22	Patient admitted for acute kidney Injury (acute renal failure). Patient had symptomatic hypokalemia not recognized for 2 days. COMORBIDITIES: anemia, iron deficiency / cancer, remote >5 years / colon cancer / colostomy / DM2 [type 2 diabetes mellitus]-NIDDM / dyslipidemia / GERD [gastroesophageal reflux disease] / hypertension.		
23	A man underwent coronary angiography; one stent was placed and bypass surgery was scheduled for 4 days later. He developed bleeding at the catheter site and returned to the hospital. A computerized tomography [CT] scan revealed a large retroperitoneal hematoma, which was repaired surgically. While in the hospital awaiting the delayed bypass surgery, the patient had a cardiac arrest and died.		

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24	Following hysterectomy, a patient-controlled analgesia (PCA) pump is mistakenly continued in a woman suffering an adverse reaction of acute respiratory insufficiency to morphine. Noticed only when her respiratory status set off an alarm.		
25	A boy received an overdose of phenytoin due to ambiguous use of abbreviations.		
26	A man with a history of intravenous (IV) drug use is admitted to the hospital and found to have an epidural abscess with surrounding osteomyelitis.		