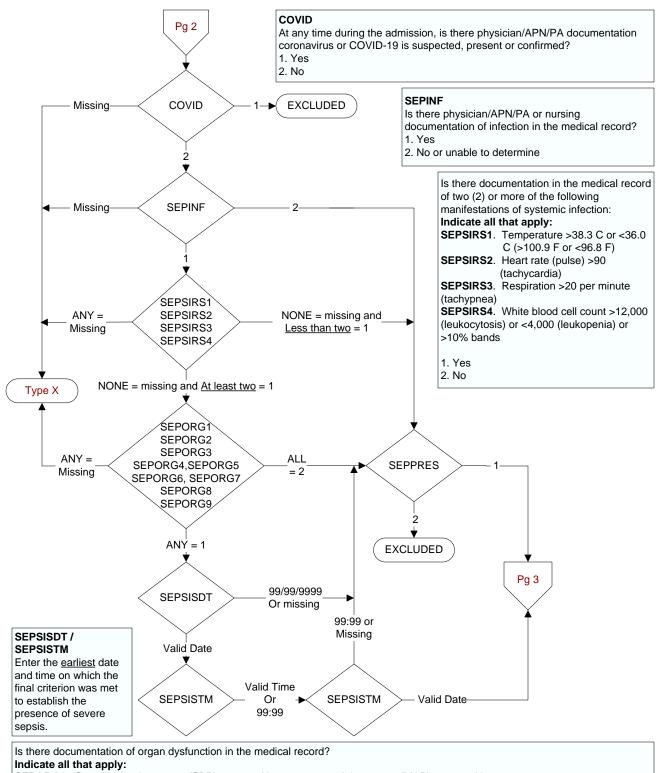
START **Document Links:** Sepsis Instrument **REVSTAT** NOT = 2REVSTAT REVIEW STATUS (not abstracted) 0. Abstraction has not begun 1. Abstraction in progress >= 0 2. Abstraction completed w/o errors Missing-AGE and < 18 3. Cohort validation failure (exclusion) 4. Record contains missing data or errors 5. Administrative exclusion from all measures >= 18 AGE Calculated field - ADMDT - BIRTHDT Invalid or < 11/01/20 or DCDT ADMDT DCDT Missing > 12/31/20 Admission date Discharge date **TRNSFR** Is there documentation the patient was received as a >= 11/01/20 and <= 12/31/20 transfer from an inpatient, outpatient or emergency/ observation department of an outside hospital or from an ambulatory surgery center? Invalid or 1. Yes ADMDT Missing 2. No **CLNTRIAL** During this hospital stay, was the patient enrolled in a Valid Date clinical trial in which patients with sepsis/septic shock were being studied? Calculate 1. Yes > 120 days—▶ DCDT - ADMDT 2. No **SEPPRES** >= 0 and <= 120 days Did a physician/APN/PA document presence of severe sepsis? 1. Yes 2. No Missing-**TRNSFR** SEPDT / SEPTM Enter the earliest date and time a physician/APN/PA documented the presence of severe sepsis Type X Missing **CLNTRIAL EXCLUDED** Missing Missing Or Invalid Or Invalid Valid **SEPTM SEPDT SEPPRES** Missing-Type X Date Valid Time 2

Pg 2



SEPORG1. Systolic blood pressure (SBP) < 90 mmHg or mean arterial pressure (MAP) < 65 mmHg

SEPORG2. Systolic blood pressure (SBP) decrease of more than 40 mmHg (see definitions/decision (D/D) rules)

SEPORG3. Acute respiratory failure as evidenced by a new need for invasive or non-invasive mechanical ventilation (see D/D rules)

SEPORG4. Creatinine > 2.0 (see D/D rules)

SEPORG5. Urine output < 0.5mL//kg/hour for 2 consecutive hours (see D/D rules)

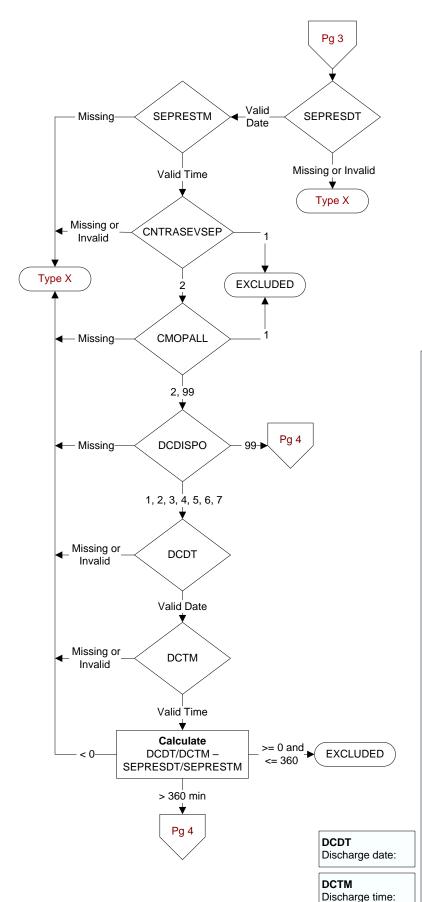
SEPORG6. Total bilirubin > 2 mg/dL (34.2 mmol/L)

SEPORG7. Platelet count < 100,000

SEPORG8. INR > 1.5 or aPTT > 60 seconds (see D/D rules)

SEPORG9. Lactate > 18.0 mg/dL (>2 mmol/L)

- 1. Yes
- 2. No



SEPRESDT

Computer to auto-fill earliest valid date entered in sepdt or sepsisdt.

SEPRESTM

Computer to auto-fill earliest valid time entered in septm or sepsistm.

CNTRASEVSEP

During the timeframe from (computer to display sepresdt/ seprestm - 6 hours) to (computer to display sepresdt/ seprestm + 6 hours) is there physician/APN/PA or nursing documentation that the patient or authorized patient advocate refused either a blood draw, IV fluid administration, or IV antibiotic administration?

- 1. Yes
- 2. No or unable to determine

CMOPALL

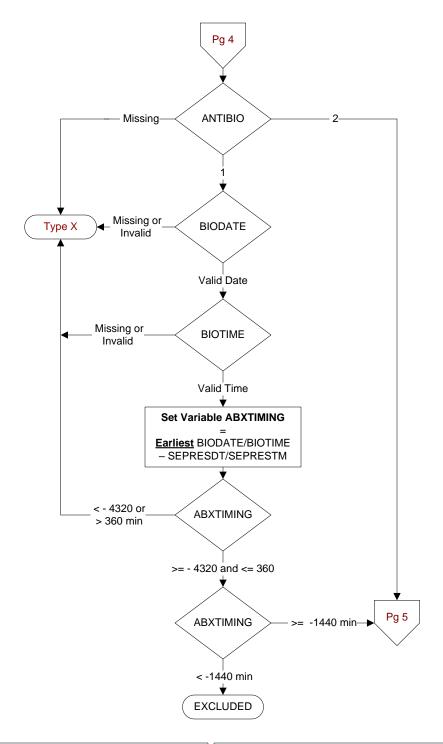
During the timeframe from (computer to display sepresdt/ seprestm - 6 hours) to (computer to display sepresdt/ seprestm + 6 hours) is there physician/APN/PA documentation of comfort measures only or palliative care? 1. Yes

- 2. No
- 99. Not documented or time is unclear

DCDISPO

What was the patient's discharge disposition on the day of discharge?

- 1. Home
 - · Assisted Living Facilities (ALFs) includes assisted living care at nursing home/facility
- Court/Law Enforcement includes detention facilities, jails, and prison
- Home includes board and care, domiciliary, foster or residential care, group or personal care homes, retirement communities, and homeless shelters
- · Home with Home Health Services
- Outpatient Services including outpatient procedures at another hospital, outpatient Chemical Dependency Programs and Partial Hospitalization
- 2. Hospice Home (or other home setting as listed in #1 (above)
- 3. Hospice Health Care Facility
 - · General Inpatient and Respite, Residential and Skilled Facilities, and Other Health Care Facilities
- 4. Acute Care Facility
- · Acute Short Term General and Critical Access Hospitals
- Cancer and Children's Hospitals
- Department of Defense and Veteran's Administration Hospitals
- 5. Other Health Care Facility
 - Extended or Immediate Care Facility (ECF/ICF)
 - Long Term Acute Care Hospital (LTACH)
 - · Nursing Home or Facility including Veteran's Administration Nursing
 - Facility
 - Psychiatric Hospital or Psychiatric Unit of a Hospital
 - Rehabilitation Facility including, but not limited to: Inpatient Rehabilitation Facility/Hospital, Rehabilitation Unit of a Hospital, Chemical Dependency/Alcohol Rehabilitation Facility
- Skilled Nursing Facility (SNF), Sub-Acute Care or Swing Bed
- Transitional Care Unit (TCU)
- · Veteran's Home
- 7. Left Against Medical Advice/AMA
- 99. Not documented or unable to determine



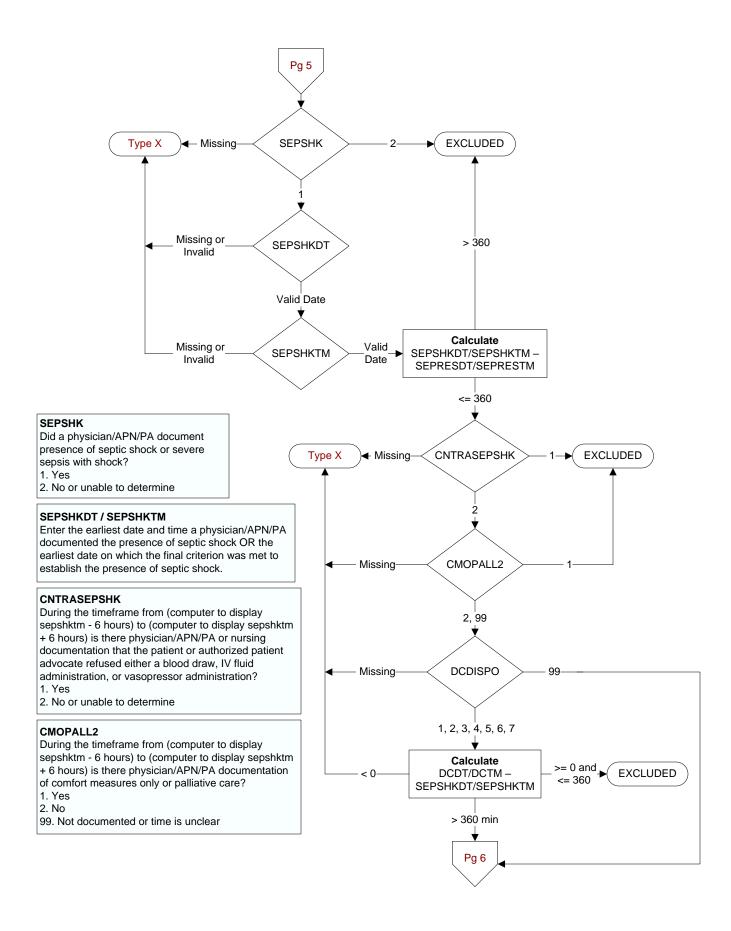
ANTIBIO

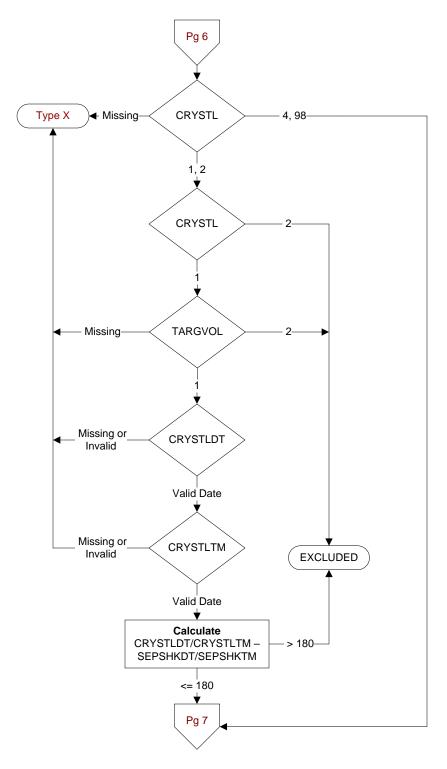
During the timeframe from (computer display sepresdt/seprestm - 72 hours) to (computer display sepresdt/seprestm + 6 hours) was a broad spectrum or other antibiotic administered intravenously (IV)?

- 1. Yes
- 2. No or unable to determine

Beginning with the <u>first</u> antibiotic administered during the timeframe from (computer display sepresdt/seprestm - 72 hours) to (computer display sepresdt/seprestm + 6 hours, enter the name of each antibiotic administered during the specified timeframe.

BIODATE - Enter the date of administration for each antibiotic. **BIOTIME** - Enter the time of administration for each antibiotic.





CRYSTL

During the timeframe from [(If hypotns = 1, and sepshk = 2, computer to display hypotnsdt/ hypotnstm - 6 hours) to (hypotnsdt/hypotnstm + 3 hours) OR (If hypotns = 2 and sepshk = 1 computer to display sepshkdt/sepshktm - 6 hours) to (sepshkdt/sepshktm + 3 hours) OR (if hypotns = 1 and sepshk = 1, computer to display earliest of hypotnsdt/hypotnstm - 6 hrs) to (hypotnsdt/hypotnstm + 3 hours or sepshkdt/sepshktm - 6 hours to sepshkdt/sepshktm + 3 hours) were crystalloid fluids initiated?

- 1. Yes
- 2. No
- 4. There is documentation the patient has an implanted Ventricular Assist Device (VAD) 98. The patient or authorized patient advocate refused IV fluids.

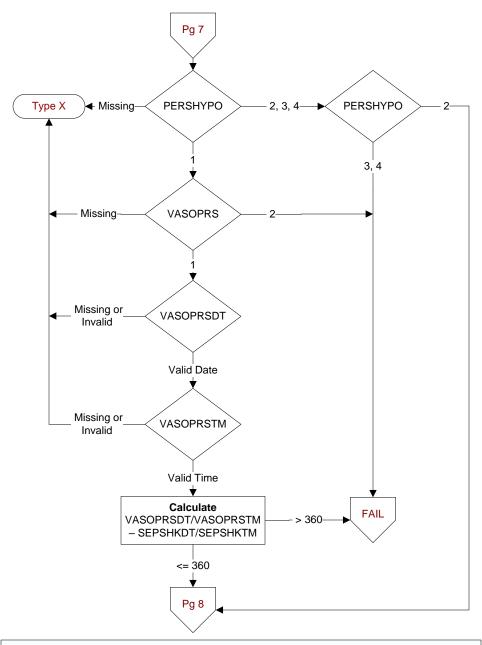
TARGVOL

Is there documentation the target ordered volume of crystalloid fluids (computer to display crystlvol) initiated on (computer to display crystldt at crystltm) was completely infused?

- 1. Yes
- 2. No

CRYSTLDT / CRYSTLTM

Enter the earliest date and time on which crystalloid fluids were initiated.



PERSHYPO

During the time frame from (computer display crystlend) to (computer to display crystlend + 1 hour) is there physician/APN/PA documentation that persistent hypotension or new onset of hypotension was present?

Criteria for determining persistent or new onset of hypotension:

- Two hypotensive blood pressure readings at different times within specified timeframe
 - o systolic blood pressures <90, or
 - o mean arterial pressures (MAP), <65 or
 - o a decrease in systolic BP by >40 mm/Hg
- 1. Yes
- 2. No or Unable to determine
- 3. No, the patient was not assessed for persistent hypotension or new onset of hypotension within one hour
 - after the conclusion of crystalloid fluid administration at the target ordered volume.
- Not applicable Crystalloid fluids were administered but at a volume less than the target ordered volume

VASOPRS

During the timeframe from (computer to display sepshkdt/ sepshktm) to (computer to display sepshkdt/sepshktm + 6 hours) is there documentation an intravenous (IV)) or intraosseous (IO) vasopressor was administered?

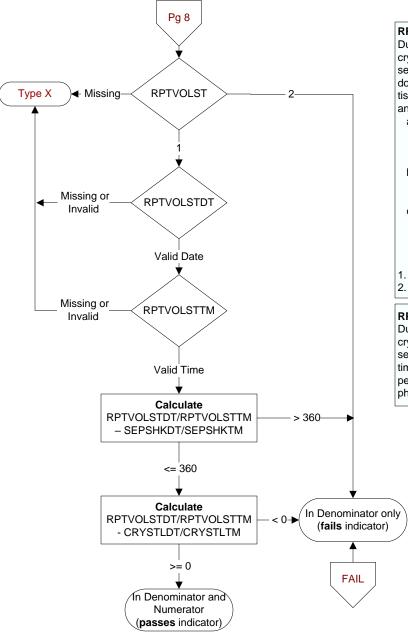
Generic Name
norepinephrine
epinephrine
phenylephrine
dopamine
vasopressin
angiotensin II

Brand Name
Levophed
Adrenalin
Neosynephrine
Vasculep
dopamine
vasopressin
Giapreza

- 1. Yes
- 2. No or Unable to Determine

VASOPRSDT / VASOPRSTM

During the timeframe from (computer to display sepshkdt/ sepshktm) to (computer to display sepshkdt/sepshktm + 6 hours) enter the date and time on which an IV or IO vasopressor was administered.



RPTVOLST

During the timeframe from (computer to display crystldt/crystltm) to (computer to display sepshkdt/sepshktm + 6 hours) is there documentation of a repeat volume status and tissue perfusion assessment as evidenced by any of the following three criteria?

- a) Physician/APN/PA documentation of a physical exam, perfusion assessment, sepsis focused exam, or systems review. (See D/D Rules for examples.)
- b) Physician/APN/PA documentation of a review of at least five of eight parameters. (See D/D Rules)
- c) Physician/APN/PA or other documentation one of four measurements was performed/ results documented and reviewed. (See D/D Rules.)
- 1. Yes
- 2. No or unable to be determined

RPTVOLSTDT / RPTVOLSTTM

During the timeframe from (computer to display crystldt/crystltm) to (computer to display sepshkdt/sepshktm + 6 hours) enter the date and time on which a repeat volume status and tissue perfusion assessment was documented by a physician/APN/PA.