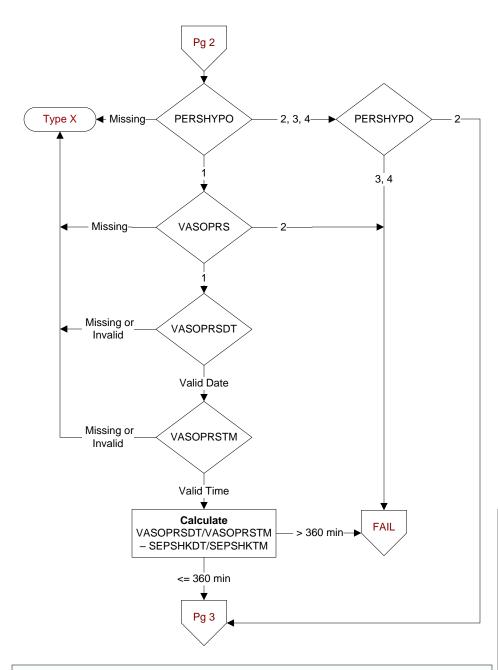
START **Document Links:** Sepsis Instrument REVSTAT NOT = 2**REVSTAT** REVIEW STATUS (not abstracted) 2 0. Abstraction has not begun 1. Abstraction in progress 2. Abstraction completed w/o errors >= 0 Missing-AGE 3. Cohort validation failure (exclusion) and < 18 4. Record contains missing data 5. Administrative exclusion from all measures **DCDT** Type X >= 18 Calculated field - ADMDT - BIRTHDT Discharge date **HYPOTNS** Missing or DCDT During the time frame from (computer to display sepresdt/ < 07/01/21--▶ Invalid seprestm - 6 hours) to (computer to display sepresdt/seprestm + 6 hours) is there documentation initial hypotension was present? Criteria for determining initial hypotension: • Two hypotensive blood pressure readings at different times >= 07/0121 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/Hq Meets **EXCLUDED** 1. Yes numerator of No. 2. No or unable to determine Sep1c **CRYSTL** During the timeframe from [(If hypotns = 1, and sepshk = Yes 2, computer to display hypothsdt/hypothstm - 6 hours) to (hypotnsdt/hypotnstm + 3 hours) OR (If hypotns = 2 and sepshk = 1 computer to display sepshkdt/sepshktm - 6 NOT hours) to (sepshkdt/sepshktm + 3 hours) OR (if hypoths = **HYPOTNS** Type X 1, 2 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? Type X 1. Yes 2. No 4. There is documentation the patient has an implanted NOT = Ventricular Assist Device (VAD) **CRYSTL** 4. 98 1, 2, 4, 98 98. The patient or authorized patient advocate refused IV fluids. **SEPSHK** 1, 2 Did a physician/APN/PA document presence of septic shock or severe sepsis with shock? 1. Yes NOT = **SEPSHK EXCLUDED** 2. No or unable to determine Type X 1, 2 SEPSHKDT / SEPSHKTM Enter the earliest date and time a physician/ APN/PA documented the presence of septic shock OR the earliest date and time on which Calculate the final criterion was met to establish the SEPSHKDT/SEPSHKTM -> 360presence of septic shock. SEPRESDT/SEPRESTM SEPRESDT **SEPRESTM** Computer to auto-fill Computer to auto-fill >= 0 and <= 360 earliest valid date entered earliest valid time entered in sepdt or sepsisdt. in septm or sepsistm.

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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?

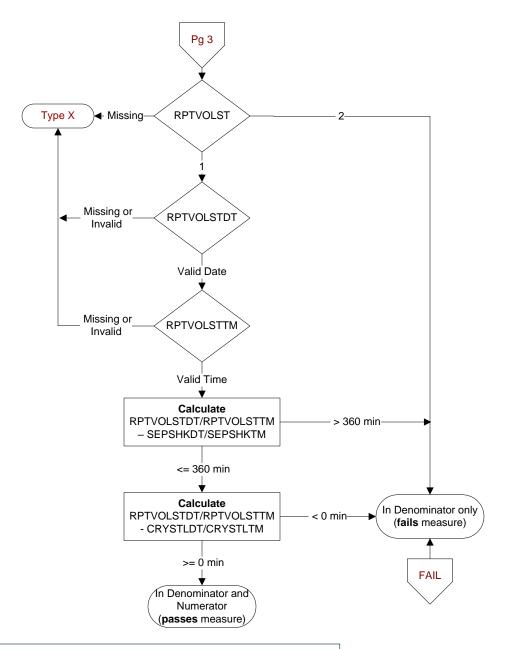
Generic Name
norepinephrine
epinephrine
phenylephrine
dopamine
vasopressin
angiotensin II

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 non-physician/APN/PA documentation that 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.