

**Document Links:**[Sepsis Instrument](#)**REVSTAT**

REVIEW STATUS (not abstracted)

0. Abstraction has not begun
1. Abstraction in progress
2. Abstraction completed w/o errors
3. Cohort validation failure (exclusion)
4. Record contains missing data
5. Administrative exclusion from all measures

**AGE**

Calculated field – ADMDT - BIRTHDT

**DCDT**

Discharge date

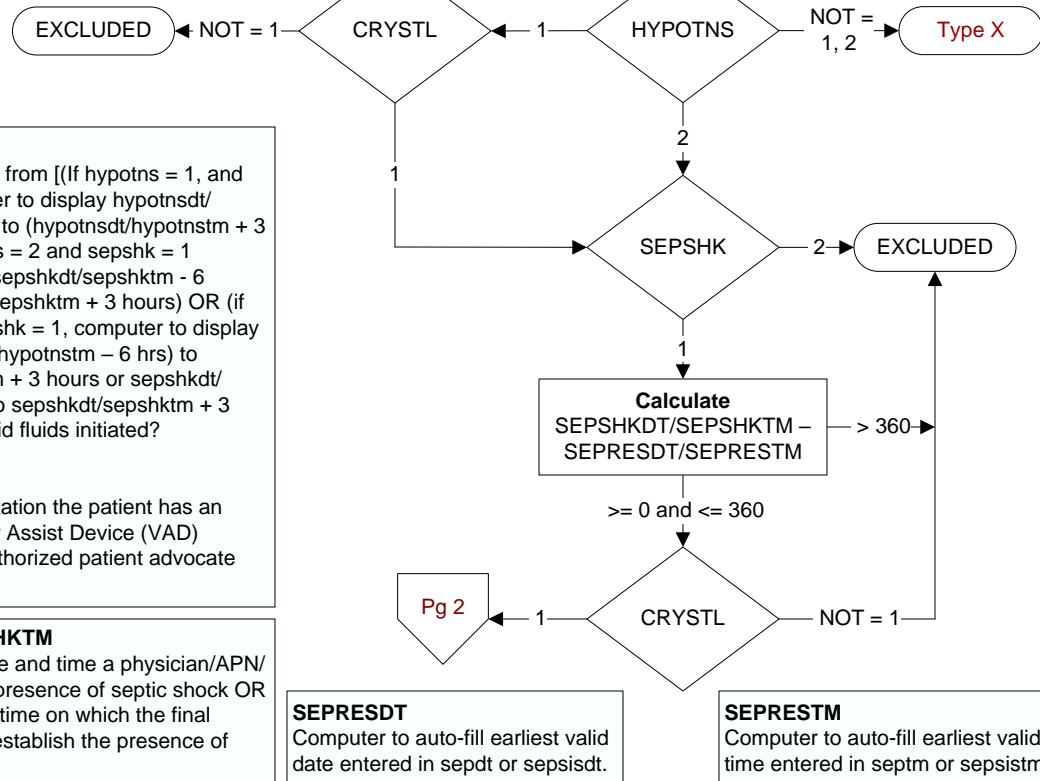
**HYPOTNS**

During the time frame from (computer to display sepresdt/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 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

**SEPSHK**

Did a physician/APN/PA document presence of septic shock or severe sepsis with shock?  
1. Yes  
2. No or unable to determine

**CRYSTL**

During the timeframe from [(If hypotns = 1, and sepskh = 2, computer to display hypotnsdt/hypotnstm - 6 hours) to (hypotnsdt/hypotnstm + 3 hours) OR (If hypotns = 2 and sepskh = 1 computer to display sepshkdt/sepshktm - 6 hours) to (sepshkdt/sepshktm + 3 hours) OR (if hypotns = 1 and sepskh = 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.

**SEPSHKDT / SEPSHKTM**

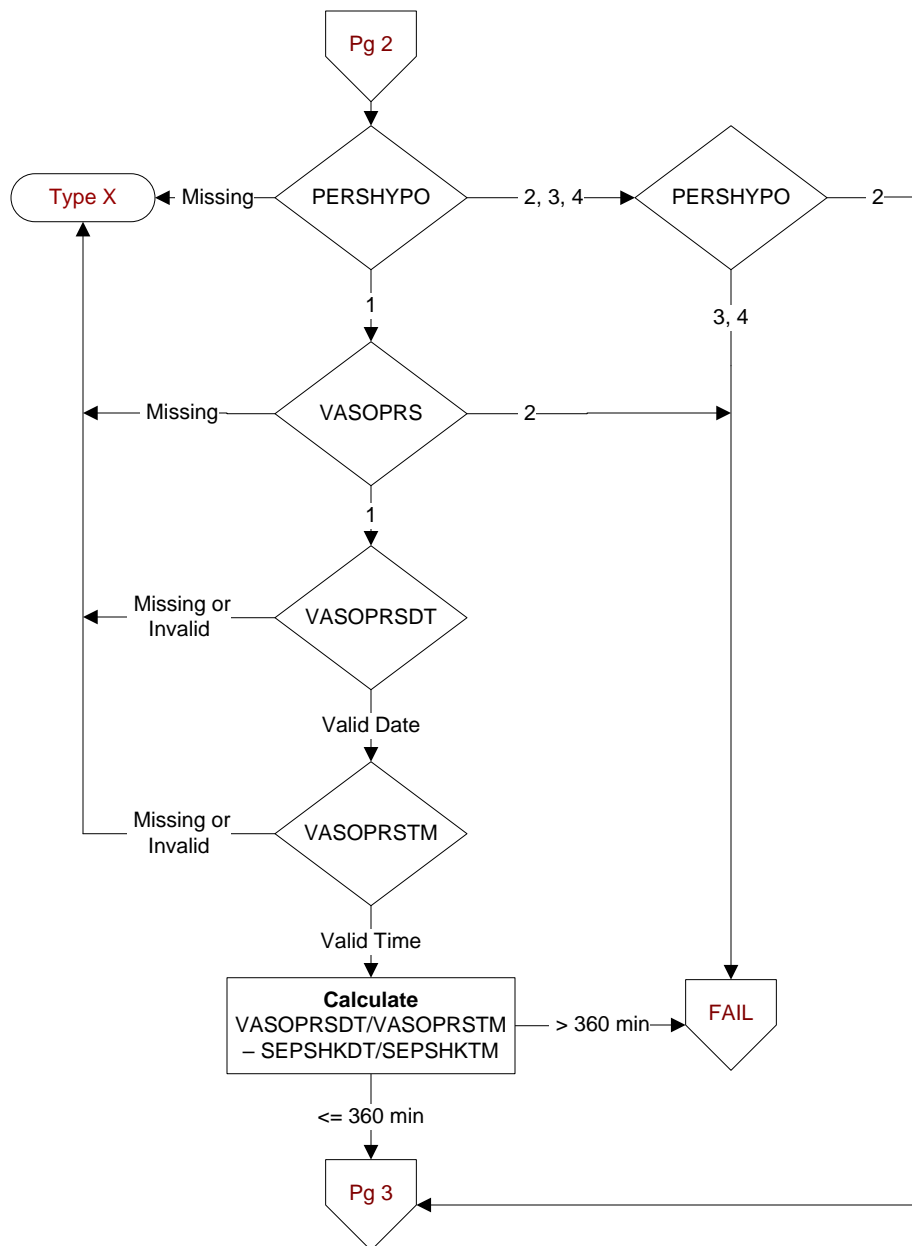
Enter the earliest date and time a physician/APN/PA documented the presence of septic shock OR the earliest date and time on which the final criterion was met to establish the presence of septic shock.

**SEPRESDT**

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

**SEPRESTM**

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

**PERSHYPO**

During the time frame from (computer display crystlendt at crystlntm) to (computer to display crystlndt at crystlntm + 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.
4. Not applicable - Crystalloid fluids were administered but at a volume less than the target ordered volume

**VASOPRS**

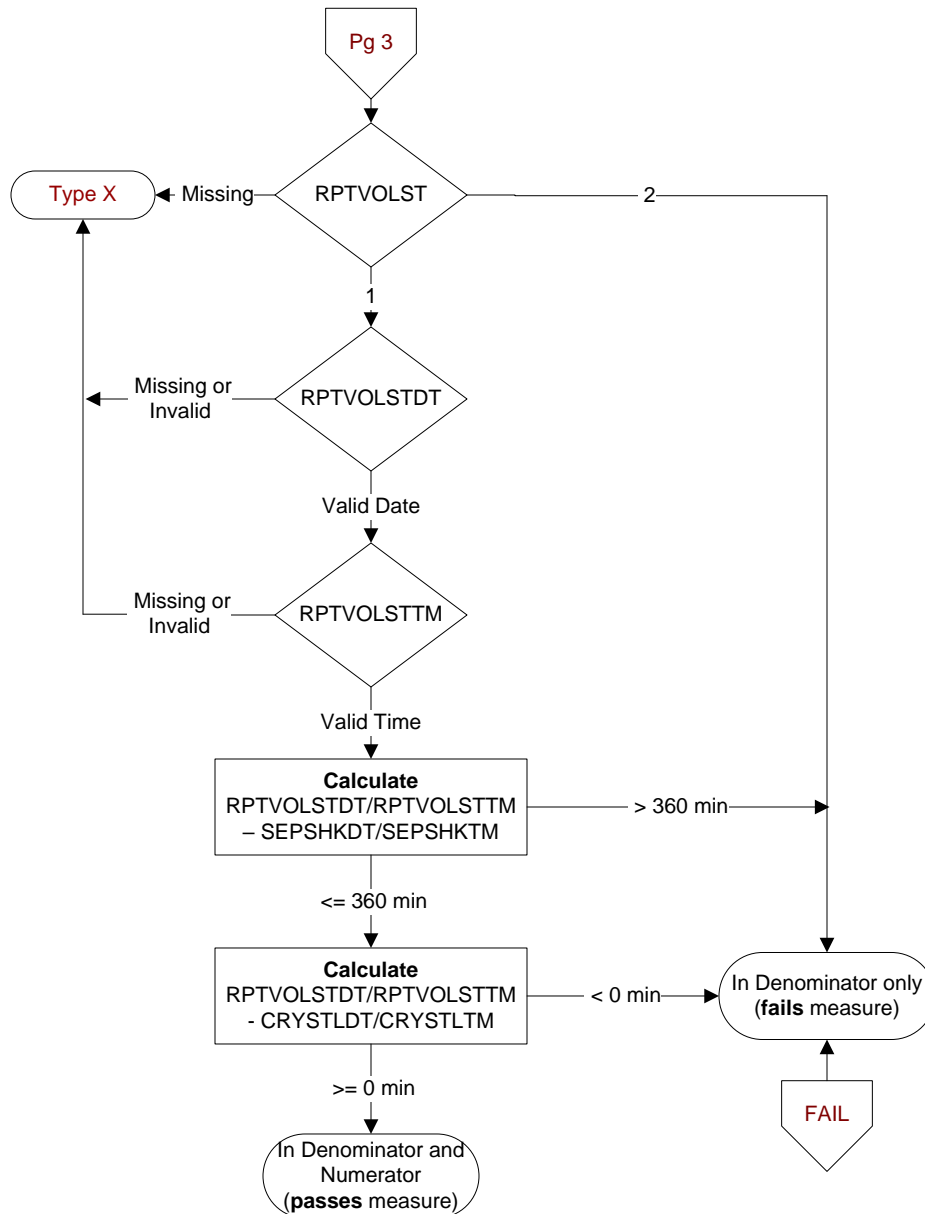
During the timeframe from (computer to display sepshkdt/sepshktm) to (computer to display sepshkdt/sepshktm + 6 hours) is there documentation an intravenous (IV) or intraosseous (IO) vasopressor was administered?

Generic Name	Brand Name
norepinephrine	Levophed
epinephrine	Adrenalin
phenylephrine	Neosynephrine
	Vasculap
dopamine	dopamine
vasopressin	Vasopressin
angiotensin II	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 was performed **as evidenced by any of the following three criteria?**

- Physician/APN/PA documentation of a physical exam, perfusion assessment, sepsis focused exam, or systems review. (See D/D Rules for examples.)
- Physician/APN/PA documentation of a review of at least five of eight parameters. (See D/D Rules)
- 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

**RPTVOLSTD / RPTVOLSTTM**

During the timeframe from (computer to display crystldt/crystltm) to (computer to display sepshkdt/sepshktm + 6 hours) enter the earliest date and time that a repeat volume status and tissue perfusion assessment was documented as performed.