

## PERSHYPO

During the time frame from (computer display crystlendt at crystlentm) to (computer to display crystlendt at crystlentm + 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?

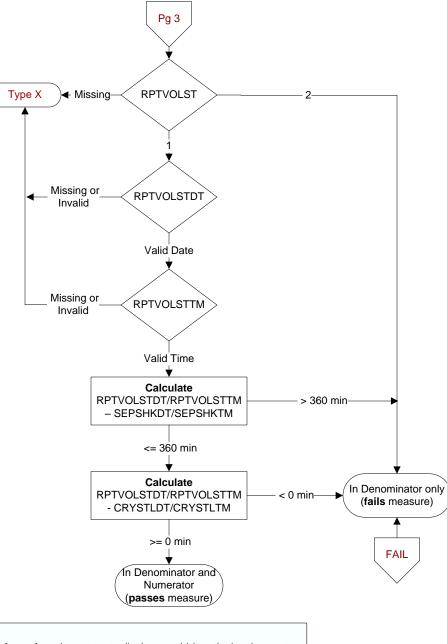
#### Generic Name Bra

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 was performed **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.)

**RPTVOLSTDT / 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.

2. No or unable to be determined