

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

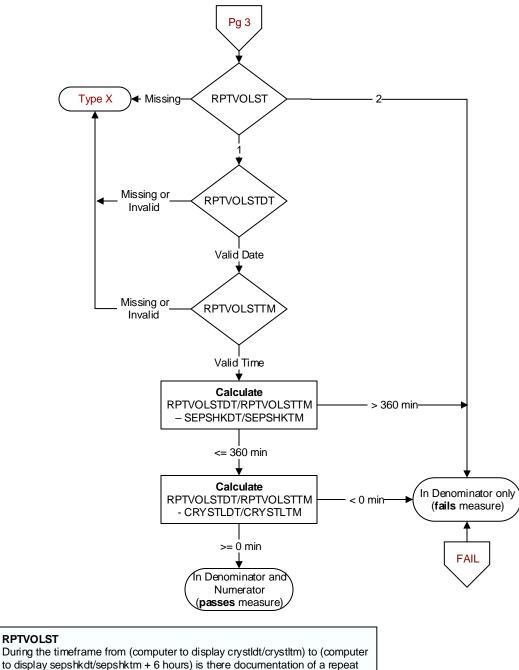
norepinephrine epinephrine phenylephrine dopamine vasopressin angiotensin II Levophed Adrenalin Neosynephrine Vasculep dopamine Vasopressin Giapreza

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.



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.

1. Yes

RPTVOLST

2. No or unable to be determined