

**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 or errors
5. Administrative exclusion from all measures

**AGE**

Calculated field – ARRVDAT - BIRTHDT

**DCDT**

Discharge date

**ADMDT**

Admission date

**TRNSFR**

Is there documentation the patient was received as a transfer from an inpatient, outpatient or emergency/ observation department of an outside hospital or from an ambulatory surgery center?

1. Yes
2. No

**CLNTRIAL**

During this hospital stay, was the patient enrolled in a clinical trial in which patients with sepsis/septic shock were being studied?

1. Yes
2. No

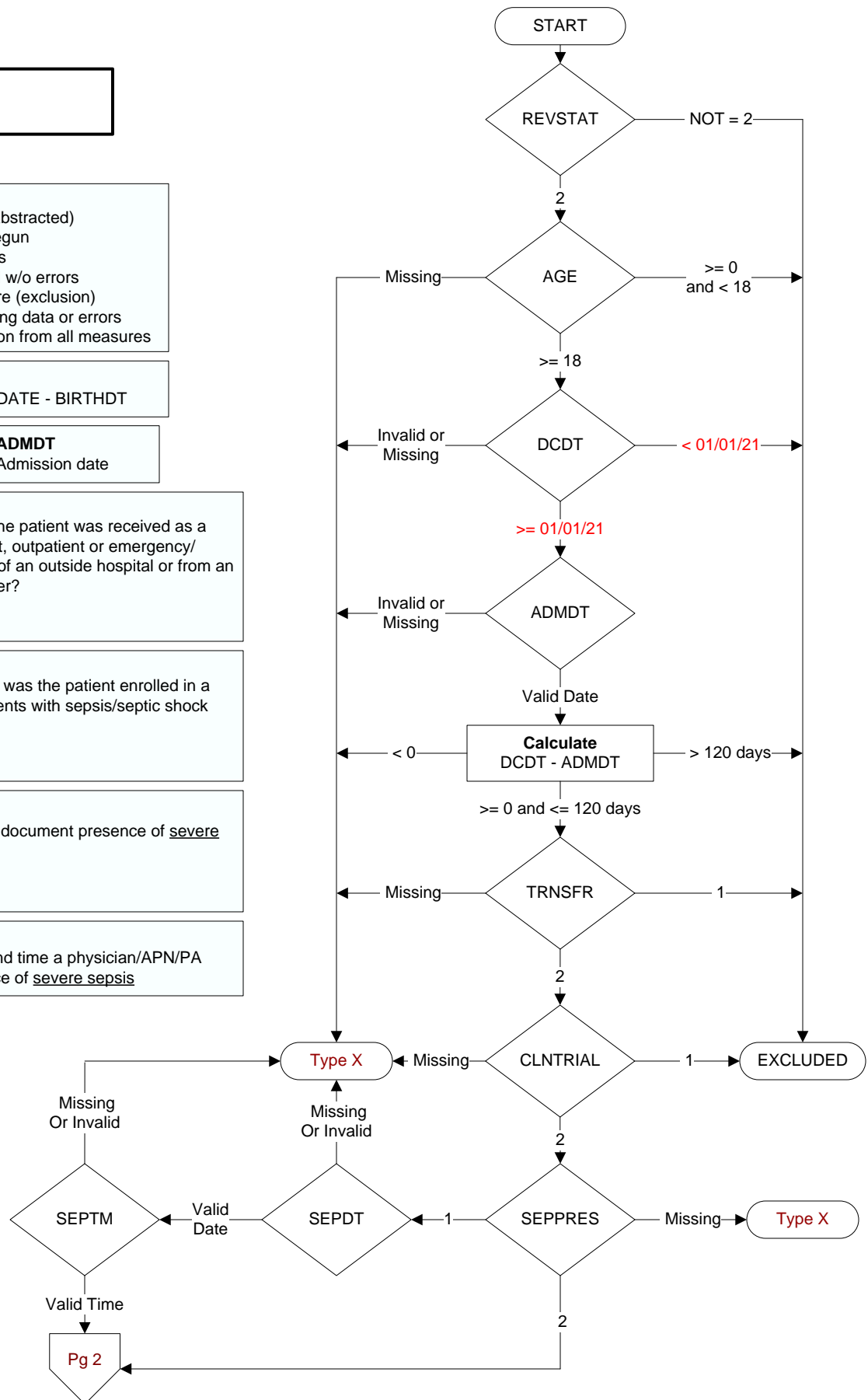
**SEPPRES**

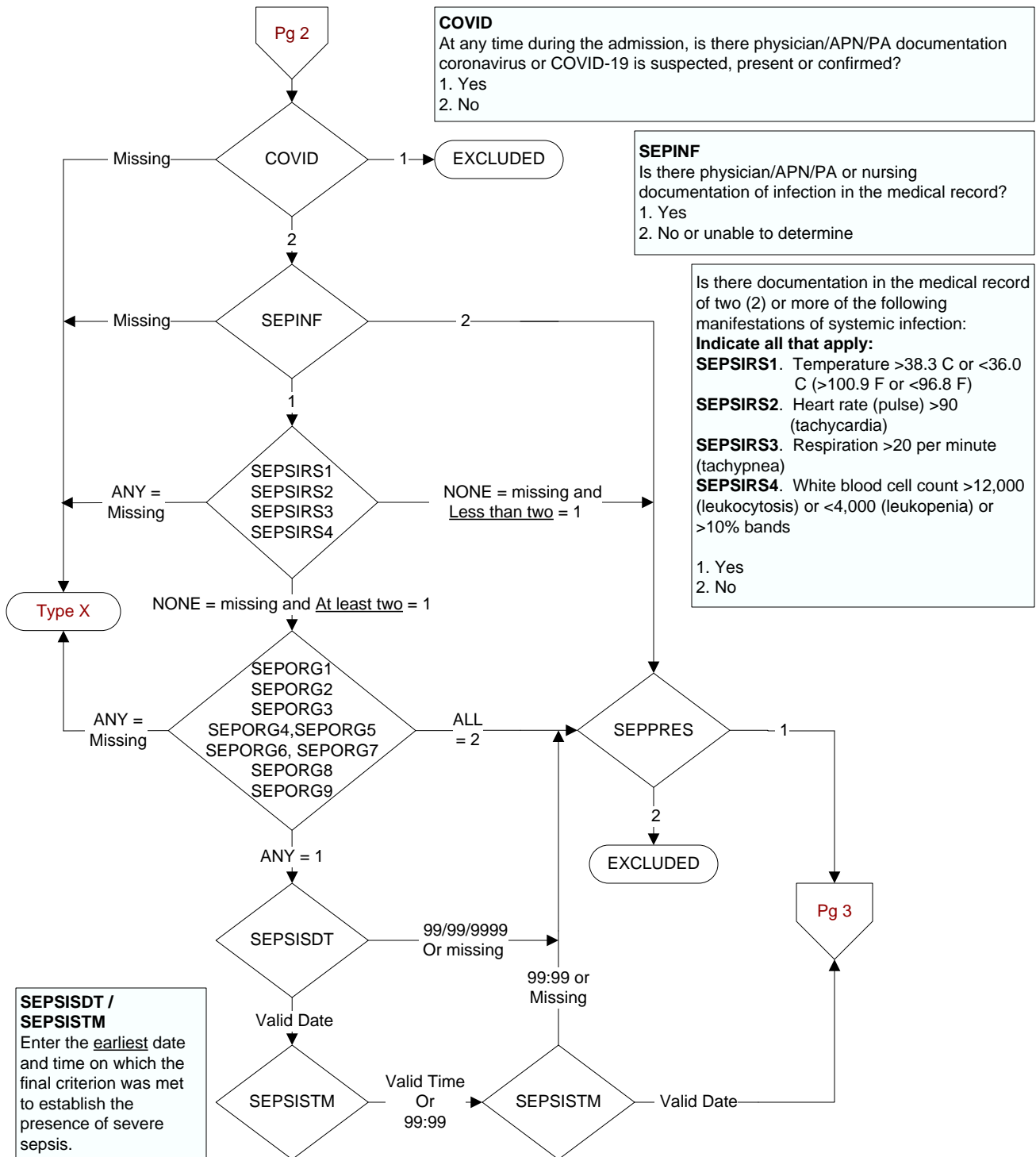
Did a physician/APN/PA document presence of severe sepsis?

1. Yes
2. No

**SEPDT / SEPTM**

Enter the earliest date and time a physician/APN/PA documented the presence of severe sepsis





Is there documentation of organ dysfunction in the medical record?

**Indicate all that apply:**

**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  $< 0.5\text{mL/kg/hour}$  for 2 consecutive hours (see D/D rules)

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

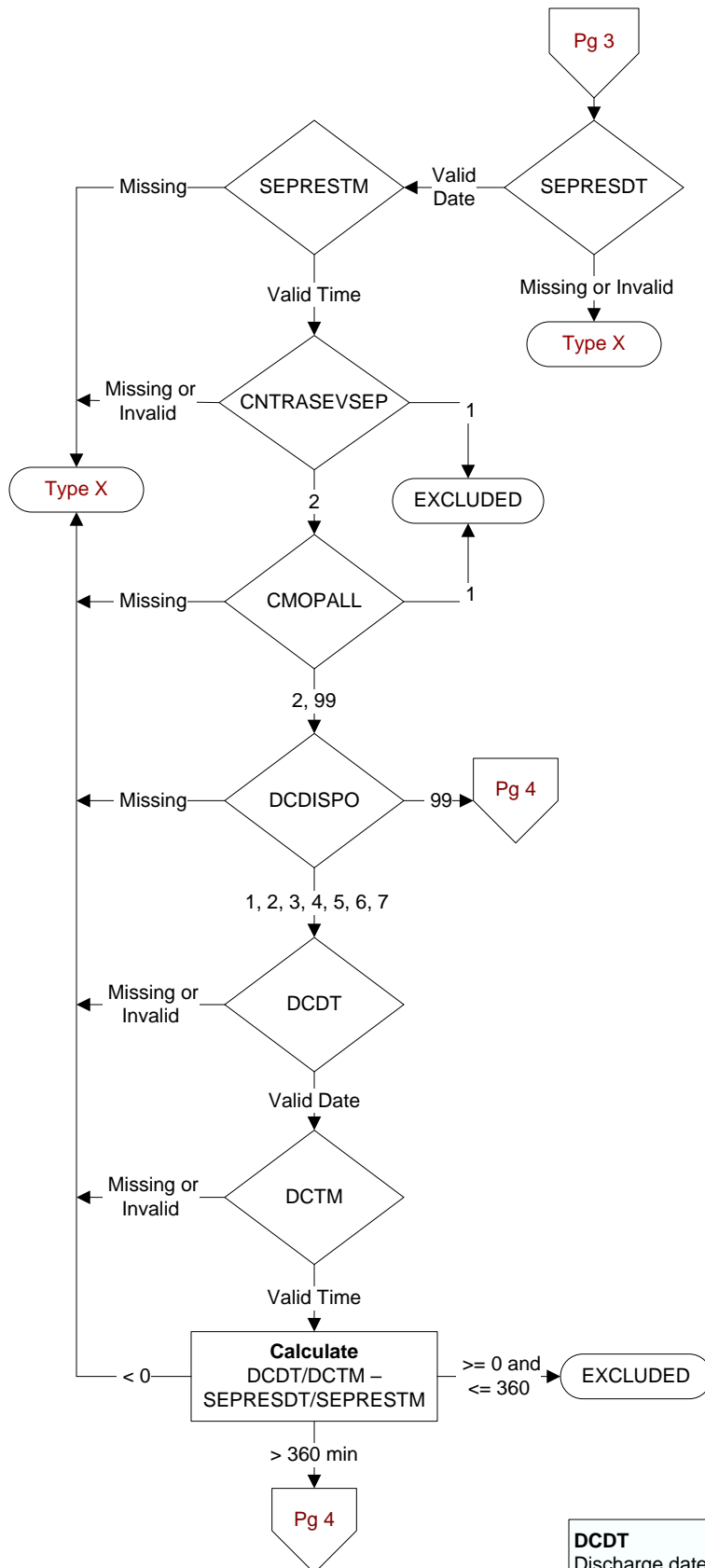
**SEPORG7.** Platelet count < 100,000

**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 seprd or sepsisd.

**SEPRESTM**

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

**CNTRASEVSEP**

During the timeframe from (computer to display seprd/ septm - 6 hours) to (computer to display seprd/ septm + 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 seprd/ septm - 6 hours) to (computer to display seprd/ septm + 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?

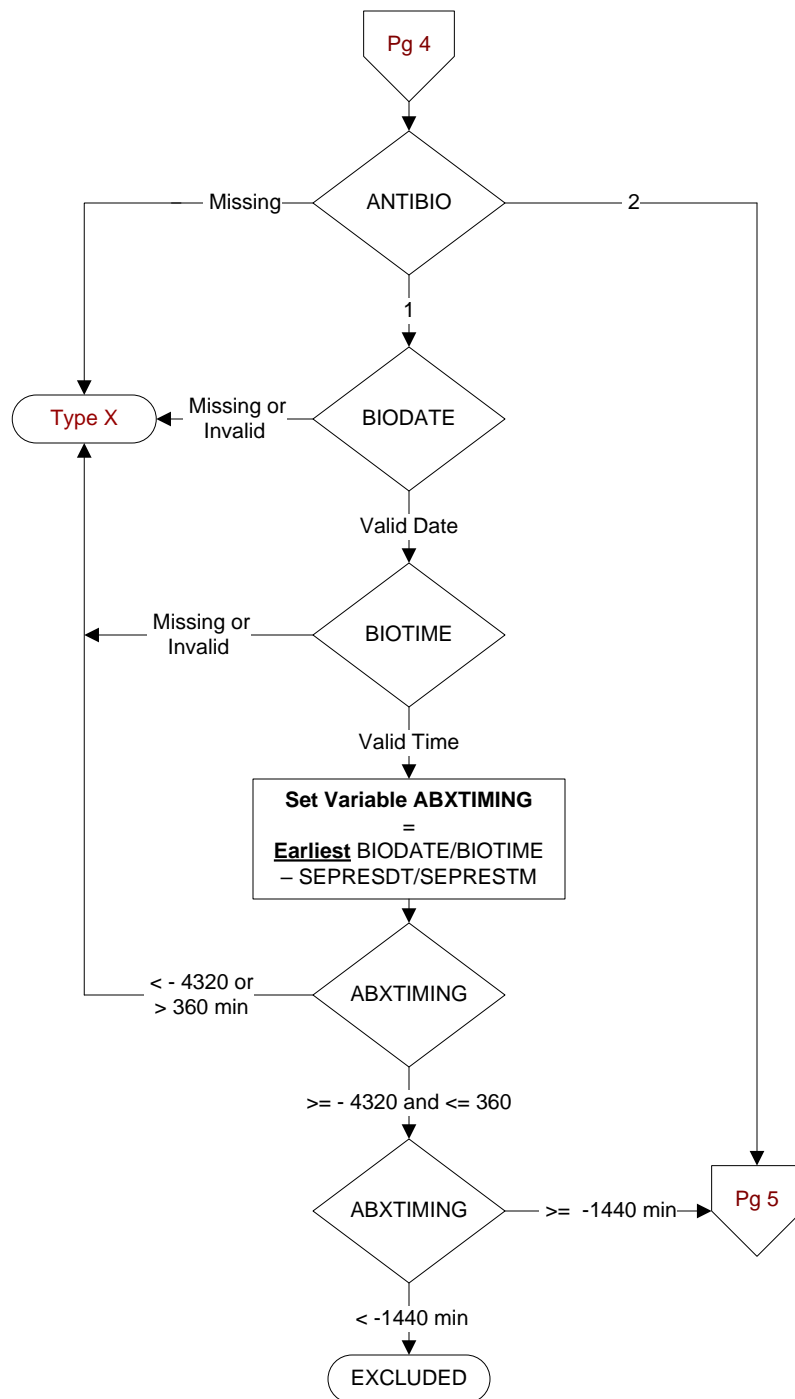
1. Home
  - Assisted Living Facilities (ALFs) – includes assisted living care at nursing home/facility
  - Court/Law Enforcement – includes detention facilities, jails, and prison
  - Home – includes board and care, domiciliary, foster or residential care, group or personal care homes, retirement communities, 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
6. Expired
7. Left Against Medical Advice/AMA
99. Not documented or unable to determine

**DCDT**

Discharge date:

**DCTM**

Discharge time:

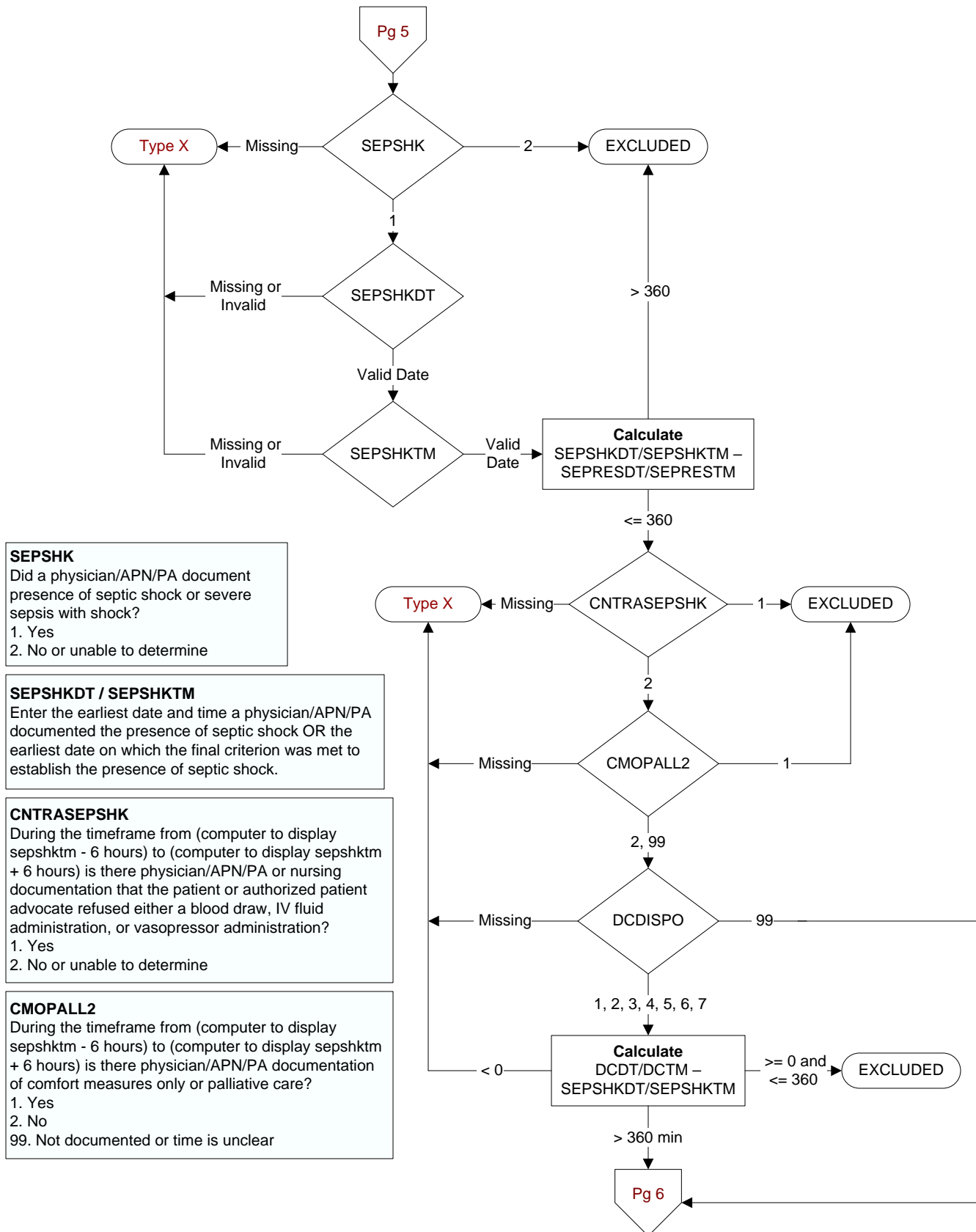
**ANTIBIO**

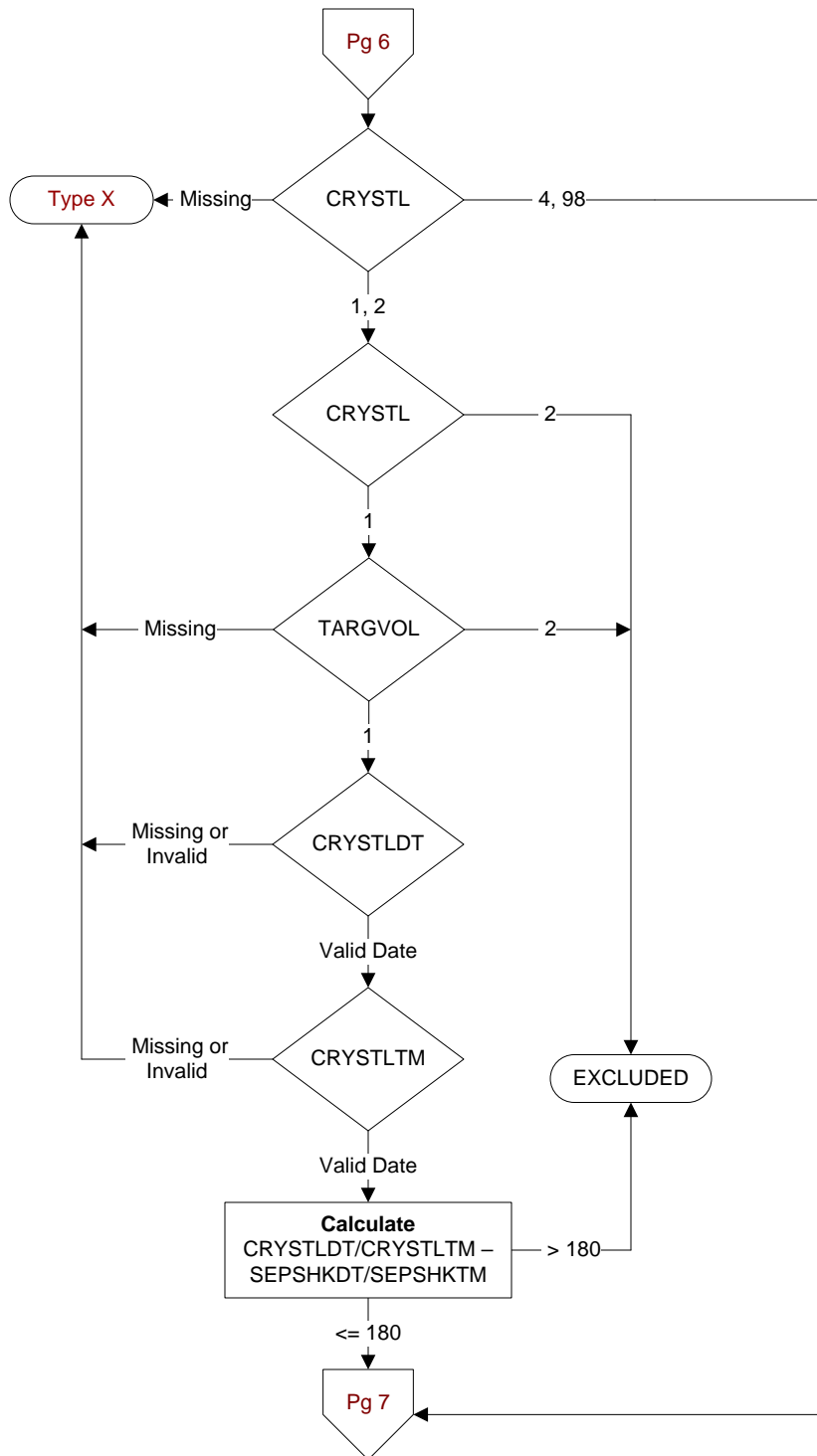
During the timeframe from (computer display sepresdt/seprestm - 72 hours) to (computer display sepresdt/seprestm + 6 hours) was a broad spectrum or other antibiotic administered intravenously (IV)?

1. Yes
2. No or unable to determine

Beginning with the first 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 sepskhk = 2, computer to display hypotnsdt/hypotnstm - 6 hours) to (hypotnsdt/hypotnstm + 3 hours) OR (If hypotns = 2 and sepskhk = 1 computer to display sepskhkdt/sepskhktm - 6 hours) to (sepskhkdt/sepskhktm + 3 hours) OR (if hypotns = 1 and sepskhk = 1, computer to display earliest of hypotnsdt/hypotnstm - 6 hrs) to (hypotnsdt/hypotnstm + 3 hours or sepskhkdt/sepskhktm - 6 hours to sepskhkdt/sepskhktm + 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**

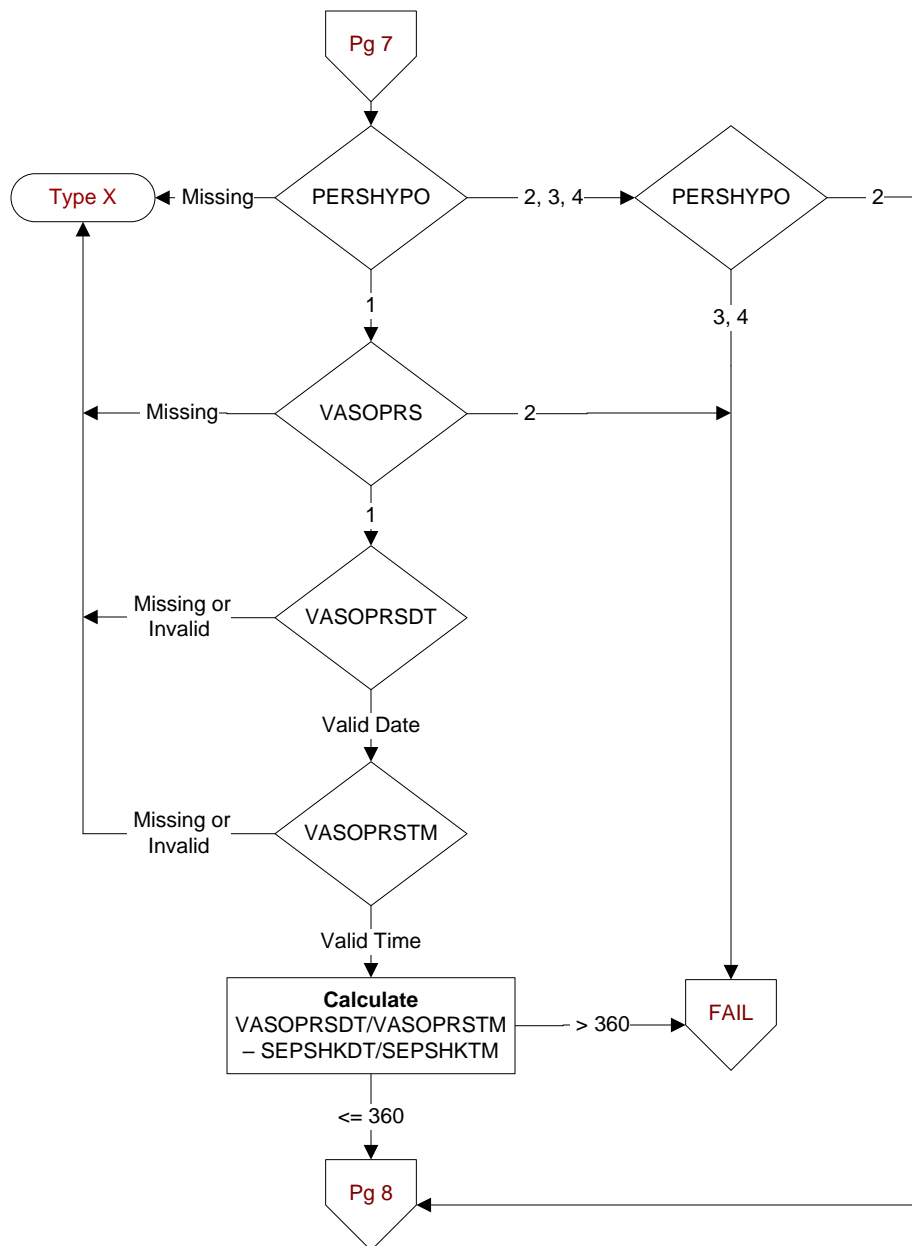
Is there documentation the target ordered volume of crystalloid fluids (computer to display crystlvol) initiated on (computer to display crystldt at crystltm) was completely infused?

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.
4. Not applicable - Crystalloid fluids were administered but at a volume less than the target ordered volume

**VASOPRS**

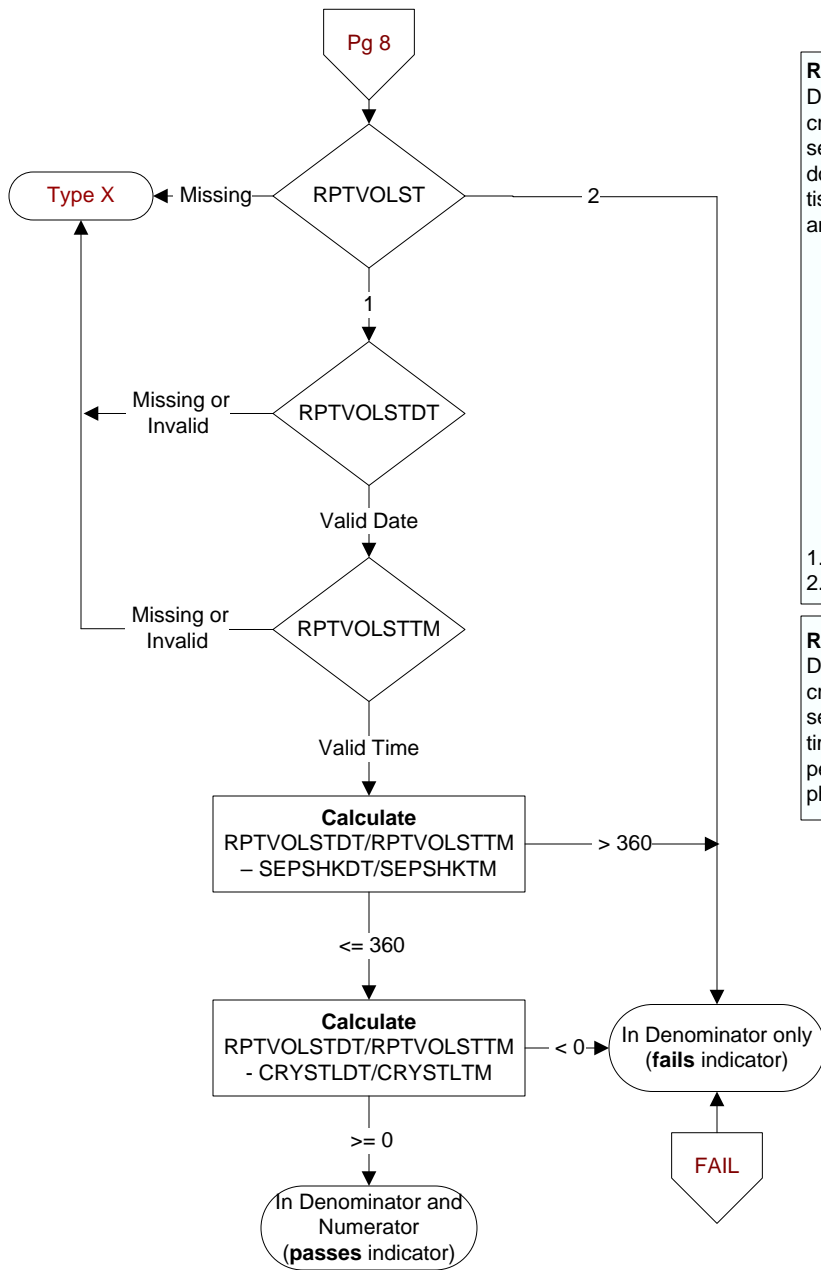
During the timeframe from (computer to display sepshtkt/ sepshtktm) to (computer to display sepshtkt/ sepshtktm + 6 hours) is there documentation an intravenous (IV) or intraosseous (IO) vasopressor was administered?

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 sepshtkt/ sepshtktm) to (computer to display sepshtkt/ sepshtktm + 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?

- 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 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.