

SEVERE SEPSIS ABSTRACTION TOOL TEMPLATE:

DISCHARGES FROM: 1/1/26 - 12/31/26 | HIQR MANUAL VERSION 5.18A (NON-PREGNANCY)

Name: _____ MR#: _____ ACC#: _____ Admit Date: _____

ED or Direct Admission ED Provider: _____ Attending Provider: _____

Patient Disposition: _____ Mortality: Yes No Discharge Date/Time: _____

CMS Specification Manual Link: [HIQR_SpecsMan_v5.18a.zip](#)

Was severe sepsis present? Yes No UTD ([Refer to pg. 1-133 - 1-145](#))

If "No/UTD": Case ends but is not a fallout

Criteria:

- **DX/Suspected Infectious source named?** _____ **Date/Time:** _____ ([pg. 1-133 - 1-145](#))
- **At least TWO abnormal SIRs** ([pg. 1-135 - 1-136](#))
 - Temp. >38.3 C or <36.0 C (>100.9 F or <96.8 F) Time: _____
 - HR >90 bpm Time: _____
 - RR >20 per minute Time: _____
 - WBC >12,000 or <4,000 or >10% bands Time: _____
- **At least ONE indication of organ dysfunction** ([pg. 1-136 - 1-145](#))
 - New need for invasive/non-invasive mechanical vent Time: _____
 - SBP <90 or MAP < 65mmHg Time: _____
 - SBP decrease of >40 mmHg. Time: _____
 - Creatinine >2.0 mg/dL Time: _____
 - Urine OP <0.5 mL/kg/hr for 2 consecutive hours Time: _____
 - Platelet count <100,000 Time: _____
 - Total Bilirubin >2 mg/dL (34.2 mmol/L) Time: _____
 - INR >1.5 **OR** aPTT >60 sec Time: _____
 - Lactate (LA) >2 mmol/L (18.0 mg/dL) Time: _____

Presentation of severe sepsis? _____ **Date/Time:** _____ ([pg. 1-146 - 1-149](#))

Is there documentation indicating that the patient or an authorized patient advocate declined a blood draw, OR IV or Intraosseous (IO) fluids, OR IV or IO antibiotics within the required time frame? Yes No ([pg. 1-13 - 1-14](#))

If "Yes": Case ends but is not a fallout

SEVERE SEPSIS ABSTRACTION TOOL TEMPLATE (CONTINUED)

Is there provider documentation of Comfort Measures only, Palliative Care, or another inclusion term? Yes No
(pg. 1-51 - 1-53) If "Yes": Case ends but is not a fallout

Did patient receive IV/IO or IM ATB within 24 hours prior to OR 3 hours after severe sepsis presentation? Yes No
(pg. 1-26 - 1-35) If "No": Case ends as a fallout

Date/Time given: _____ (pg. 1-28 - 1-35)

Blood Culture (B/C) collected within specified time frame? Yes No (pg. 1-18 - 1-19)

B/C Date/Time: _____ (pg. 1-22 - 1-25)

Was an acceptable B/C delay documented? Yes No (pg. 1-20 - 1-21)
If "No Delay": Case ends as a fallout

Initial LA drawn within the specified time frame? Yes No (pg. 1-81 - 1-82)
If "No": Case ends as a fallout

Date/Time of initial LA? _____ (pg. 1-83 and 1-88) Initial LA reading: _____ (pg. 1-85 - 1-87)

Repeat LA if level of first result is > 2 within the specified timeframe? Yes No (pg. 1-109)
If "No": Case ends as a fallout

Repeat LA Date/Time: _____ (pg. 1-111 - 1-114)

Was initial hypotension present between 6 hours before and 6 hours following severe sepsis presentation Date/Time, AND prior to the completion of the target ordered volume of crystalloid fluids (CF)? Yes No (pg. 1-73 - 1-76)

Date/Time of initial hypotension: _____ (pg. 1-77 - 1-80)

Were CF initiated within the specified time frame AND completely infused based on the target ordered volume? Yes No
(pg. 1-38 - 1-43)

Date/Time: _____ (pg. 1-44 - 1-47)

- YES:** Target order volume **WAS** ordered **AND** initiated within specified time frame **AND** was completely infused.
- NO:** Less than target ordered volume was ordered **OR** initiated within the specified time frame **AND WAS NOT** completely infused. If "No": Case ends as a fallout
- NO:** The target volume was **NOT** initiated within the specified time frame, **or UTD.** If "No": Case ends as a fallout
- NO:** Documentation of implanted VAD **OR** patient/advocate refusal of IVF **OR** no fluids were ordered due to patient **WAS NOT** volume or fluid responsive by clinical evidence.

Wt. (Kg): _____ CF Needed: _____ CF with 10% rule: _____ Other Volume: _____

Comments:

PROGRESSION TO SEPSIS SHOCK ABSTRACTION TOOL

Documentation of septic shock within 6 hours after severe sepsis date/time? Yes No UTD ([pg. 1-123 - 1-126](#))

Date/Time: _____ ([pg. 1-127 - 1-132](#)) If "No or UTD": Case ends but is not a fall out

**To establish the presence of septic shock by clinical criteria, one of following three criteria must be met: ([pg. 1-123 - 1-126](#))

1. **Severe sepsis present AND persistent hypotension evidenced by:** Persistent hypotension or new onset of hypotension was present within 1 hour after the target ordered volume of CF completely infused **OR**
2. **Severe sepsis present AND tissue hypoperfusion evidenced by:** Initial LA Level Result is ≥ 4 mmol/L **OR**
3. **Provider documented diagnosis of septic shock**

Contraindication to care (refusal of blood draw, IVF, vasopressor) prior to or within 6 hours of septic shock? Yes No
([pg. 1-11 - 1-12](#)) If "Yes": Case ends but is not a fallout

Documentation of Comfort Care (Palliative Care or other acceptable term) prior to or within 6 hours after diagnosis of septic shock?
 Yes No ([pg. 1-48 - 1-50](#)) If "Yes": Case ends but is not a fallout

Persistent or new onset of hypotension present within 1 hour of target ordered volume of CFs completely infused?
([pg. 1-96 - 1-101](#))

- (YES)** Persistent or new onset of hypotension **WAS** present within 1 hour of when the target ordered volume of CFs was completely infused.
- (No or UTD)** Persistent hypotension or new onset of hypotension **WAS NOT** present within 1 hour of when the target ordered volume of CFs was completely infused or UTD.
- (No)** The patient was not assessed for persistent or new onset hypotension within 1 hour of when the target ordered volume of CFs was completely infused.
- (N/A)** CF were administered but at a volume less than the target ordered volume.

Were IV or IO vasopressors administered after presentation of septic shock demonstrated by persistent hypotension or after CF administration?

Vasopressor Administration Date/Time: _____ ([pg. 1-155 - 1-158](#))

- YES:** GIVEN IV/IO vasopressor in specified time frame.
- NO:** NOT given IV/IO Vasopressor in specified time frame. If "No": Case ends as a fallout

REPEAT VOLUME STATUS AND TISSUE PERFUSION ASSESSMENT PERFORMED

Was a repeat volume status and tissue perfusion assessment documented in the appropriate time window? Abstract the EARLIEST assessment documented between CF administration time and 6 hours after the septic shock presentation date/time Yes No
([pg. 1-115 - 1-117](#)) If "No": case ends -SEP-1 Fallout

Date/Time: _____ ([pg. 1-118 - 1-121](#))

PROGRESSION TO SEPSIS SHOCK ABSTRACTION TOOL (CONTINUED)

Repeat volume status and tissue perfusion assessment documentation completed in one of three ways:

1. Provider documentation indicating/attesting to performing or completing a physical exam, perfusion (reperfusion) assessment, sepsis focused exam, or systems review.
2. Attesting to reviewing or performing **five of the following eight** parameters in provider's documentation*
 - Arterial Oxygen Saturation
 - Capillary Refill
 - Cardiopulmonary Assessment
 - Peripheral Pulses
 - Shock Index
 - Skin Color or Condition
 - Urine Output (UO)
 - Vital Signs (minimum of HR, RR, BP, and Temp). Values for these signs are not required.

** Provider documentation does not need to reference all parameters within the same note.*

3. Documentation demonstrating **one of the following five** assessments were measured or performed
 - Central Venous Pressure (CVP) **OR** Right Arterial Pressure (RAP)
 - Central Venous Oxygen Saturation
 - Echocardiogram
 - Fluid Challenge or Passive Leg Raise
 - Cardiac Flow Time

Comments: