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| **Clarify** And **Add Definition** To Diagnoses And **Demonstrate Accurate Severity Of Illness and are Necessary for Sepsis and Related Diagnoses** | | | | | | | | | | |
| **Acute** | | | | **Chronic** | | | | | **Acute on Chronic** | |
| **Mild** | | **Moderate** | | | **Severe** | | **Critical or Life Threatening** | | | |
| **Remember to document all chronic conditions that are being treated and their acute exacerbations!** | | | | | | | | | | |
| **SEPSIS:** (Four Items from Page 1 & 2) | | | | | | | | | | |
| **DIAGNOSIS:** | CDC: **Sepsis-3**: “life-threatening organ dysfunction caused by a dysregulated host response to infection (suspected or confirmed)” | | | | | | | | | |
| **Documentation:** Assessment and Plan: **“Sepsis as demonstrated by: \_\_\_\_\_\_\_\_\_\_\_\_”** | | | | | | | | | |
| **SEPSIS** | | Bacteremia | | | | is not synonymous with septicemia/sepsis  Asymptomatic  Lab Finding.  Bacteria in Blood | | | |
| Septicemia (Symptomatic) | | | | Blood Cultures before antibiotics.  Document that Cultures and Sensitivities are pending until they return  Document Organism and Sensitivity and any change in antibiotic | | | |
| Fever | | | | Inpatient: > 104.9 F  Observation: >103.1 F  Document any Tylenol/Ibuprofen masking | | | |
| Hypothermia due to infection | | | |  | | | |
| Vital Sign Abnormality Not readily corrected by appropriate treatment  (1 or more of the following) | | | | Tachycardia: Persists despite treatment (volume repletion, treatment of pain, treatment of underlying cause). Be sure to document the rate. | | | |
| Hypotension: Persists despite treatment (volume repletion, treatment of underlying cause) | | | |
| Orthostatic Hypotension: Persists despite treatment (volume repletion) | | | |
| Tachypnea | | | | >18 breaths per minute - ≥ 13 years old | | | |
| >22 breaths per minute – 6 to 12 years old | | | |
| >25 breaths per minute – 3 to 5 years old | | | |
| >30 breaths per minute – 1 to 2 years old | | | |
| >40 breaths per minute – 6 to 11 mo. old | | | |
| >45 breaths per minute – 3 to 5 months old | | | |
| >60 breaths per minute – 1 or 2 months old | | | |
| Vital Sign Abnormality that is SEVERE  (Indicated by 1 or more of the following) | | | | Lactate ≥ 22.5 mg/dl (2.5 mmol/L) | | | |
| Metabolic Acidosis (arterial or venous) pH < 7.35 | | | |
| Altered Mental Status that is Severe or Presistent | | | |
| Mean Arterial Pressure < 65 mm Hg | | | |
| IV inotropic or vasopressor medication required to maintain adequate blood pressure or perfusion. | | | |
| Hypoxemia  (Indicated by 1 or more of the following) | | | | SaO2 < 90% (without baseline O2 need) or ABG PO2 <60 mmHg on room air | | | |
| Requires supplemental O2 (without baseline O2 need) to keep SaO2 >90% or PO2 >60 mmHg | | | |
| Requires increased supplemental O2 for the patient to maintain baseline or acceptable oxygen in patient with baseline O2 need | | | |
| What did you review to get this information? | | | |
| Altered Mental Status | | | | Confusional State (disoriented, difficultly following commands, deficit in attention) that persists for more than a few hours, despite appropriate treatment | | | |
| Lethargy (awake or arousable, but with drowsiness, reduced awareness of self and environment) that persists for more than a few hours despite appropriate treatment | | | |
| Obtunded (arousable only with strong stimuli, lessened interest in environment, slowe responses to stimuli. | | | |
| Stupor (arousable but does not return to baseline level of awareness) | | | |
| Coma (not arousable) | | | |
| Failure of Outpatient Treatment  (Indicated by 1 or more of the following) | | | | Insufficient improvement or worsening of signs/symptoms despite adherence to outpatient regiment of sufficient duration | | | |
| Inability to adequately adhere to appropriate outpatient regimen (vomiting, altered mental status) | | | |
| Inability to tolerate outpatient regiment (severe side effects, allergy) | | | |
| Dehydration that is Severe or Persistent  (Indicated by 1 or more of the following) | | | Severe  (Indicated by 1 or more of the following) | Acute loss of weight from baseline  Adult - ≥ 5% of Body Weight  Pediatrics - ≥ 9% of Body Weight | | | |
| Hemodynamic Instability | | | |
| Acute Renal Failure (Stage 3 Acute Kidney Injury) | | | |
| Acute Kidney Injury (Stage 2) | | | |
| AKI Stage | Creatinine Rise from Baseline | | Urine Output |
| 1 | 1.5 to 2 Fold | | ≤ 0.5 ml/kg/hr in >6 hrs |
| 2 | 2 to 3 Fold | | ≤ 0.5 ml/kg/hr in >12 hrs |
| 3 | >3 Fold | | ≤ 0.3 ml/kg/hr in >24 hrs |
| Serum Sodium ≥150 mEq/L | | | |
| Persistent  (All of the following) | Oral rehydration therapy not tolerated or insufficient to adequately correct dehydration | | | |
| Appropriate IV treatment does not readily correct dehydration. | | | |
| Myocardial Ischemia | | | | Elevated Troponin | | | |
| NSTEMI Type 2 | | | |

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|  | Underlying Infection | Site Specific (Laterality) |  |
| Acute / Chronic |  |
| Organism |  |
| Acute Organ Dysfunction Caused by Sepsis | Septic Shock:  “Persisting hypotension requiring vasopressors to maintain mean arterial pressure (MAP) >65 mmHg and having a serum lactate level >2 mmol/L despite adequate volume resuscitation.”  Profound circulatory, cellular, and metabolic abnormalities associated with a greater risk of mortality | Document Pressor used |
| Respiratory Failure, Acute | Respiratory Rate until normalizes/baseline  PO2  PCO2  O2 Needs  Ventilation (MUST have Start Time and End Time!) Includes weaning.  Intubation: What time |
| Renal Failure, Acute | Creatinine until normalizes/baseline |
| Lactic Acidosis, Acute | If the initial lactate is >2.0, include a repeat lactate at 6 hours after presentation.) Daily until normalizes/baseline. |
| Encephalopathy (Metabolic), Acute | Record Glascow Coma Score daily until normalizes/baseline  See the above Altered Mental Status. Altered Mental Status is the sign and symptom. The Encephalopathy is the diagnosis. |
| Heart Failure | Heart Rate until normalizes/baseline |
| Hepatic Failure, Acute | Bilirubin until normalizes/baseline |
| Critical Illness Myopathy |  |
| Critical Illness Polyneuropathy |  |
| DIC (Disseminated Intravascular Coagulopathy) | Platelet Count until normalizes/baseline |
| DRG’s and Diagnoses | CC | Complication / Cormorbidity |
| MCC | Major Complication / Comorbidity |

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| **DATA** | Vital Signs | Respiratory Rate, Cardiac Rate |
| Respiratory Status | PO2, PCO2, pH |
| Labs | WBC (Differential), Lactate, Creatinine, Bilirubin, Platelets, (Until baseline or normalize)  Document all labs ordered and/or reviewed.  Document any abnormal numbers and define what that means: “The patient has a blood sugar of 250. Will treat the hyperglycemia.” |
| Radiology | Document all radiology ordered and/or reviewed.  If you personally view the image and do medical decision making specifically that was done: “I viewed the (image –xray) and my finding are: \_\_\_\_\_\_\_” |
| EKG / ECG | If you personally view the heart tracing and do medical decision making specifically state: “I reviewed the EKG and the following are my “findings: \_\_\_\_\_\_\_\_\_\_” |
| Review of Medical Records | Document what you reviewed: “I reviewed the D/C Summary dated xx/xx/xx and the operative report dated xx/xx/xx and the infectious disease consult by Dr. Smith dated xx/xx/xx.” |
| Discussions with Other Providers. |  |
| Document discussions with other healthcare providers concerning any data obtained. |  |
| History Obtained from other than the Patient | Who  Why |

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| **RISK** | RISK levels comes from what we do the patient. Not the diagnosis of the patient. | | |
|  | **DIAGNOSTIC PROCEDURE(S) ORDERED** | **MANAGEMENT OPTIONS SELECTED** |
| **MINIMAL**  Level 2 | • Laboratory tests requiring venipuncture  • Chest x-rays  • EKG/EEG  • Urinalysis  • Ultrasound, e.g., echocardiography  • KOH prep | • Rest  • Gargles  • Elastic bandages  • Superficial dressings |
| **LOW**  Level 3 | • Physiologic tests not under stress, e.g., pulmonary function tests  • Non-cardiovascular imaging studies with contrast, e.g., barium enema  • Superficial needle biopsies  • Clinical laboratory tests requiring arterial puncture  • Skin biopsies | • Over-the-counter drugs  • Minor surgery with no identified risk factors  • Physical therapy  • Occupational therapy  • IV fluids without additives |
| **MODERATE**  Level 4 | • Physiologic tests under stress, e.g., cardiac stress test, fetal contraction stress test  • Diagnostic endoscopies with no identified risk factors  • Deep needle or incisional biopsy  • Cardiovascular imaging studies with contrast and no identified risk factors, e.g., arteriogram, cardiac catheterization  • Obtain fluid from body cavity, e.g. LP, thoracentesis, culdocentesis | • Minor surgery with identified risk factors  • Elective major surgery (open, percutaneous or endoscopic) with no identified risk factors  • **Prescription drug management**  • Therapeutic nuclear medicine  • IV fluids with additives  • Closed treatment of fracture or dislocation without manipulation |
| **HIGH**  Level 5 | • Cardiovascular imaging studies with contrast with identified risk factors  • Cardiac electrophysiological tests  • Diagnostic Endoscopies with identified risk factors  • Discography | • Elective major surgery (open, percutaneous or endoscopic) with identified risk factors  • Emergency major surgery (open, percutaneous or endoscopic)  • Parenteral controlled substances  • Drug therapy requiring intensive monitoring for toxicity (Pressors)  • Decision not to resuscitate or to de-escalate care because of poor prognosis (Z66 – DNR, Z51.5 - Comfort Measures Only & Hospice Care)  • Admit to hospital |
| Medications | Specific Names (Antibiotics)  Route of Administration (IV) | “Continue current medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_” |
| Respiratory Assistance | Method of delivery (CPAP, BIPAP, Mechanical Ventilator | Need a start time and and end time.  Intubation time can be start time |
| Debridements | Site – Very Specific - Laterality |  |
| Deepest Tissue Debrided |  |
| Square Centimeters Debrided |  |
| Tools Used (scalpels, sissors, |  |
| Surgery |  | Document risk factors! |