|  |
| --- |
| **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 AsymptomaticLab Finding. Bacteria in Blood |
| Septicemia (Symptomatic) | Blood Cultures before antibiotics.Document that Cultures and Sensitivities are pending until they returnDocument Organism and Sensitivity and any change in antibiotic |
| Fever | Inpatient: > 104.9 FObservation: >103.1 FDocument 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 |

|  |  |  |  |
| --- | --- | --- | --- |
|  | 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/baselinePO2PCO2O2 NeedsVentilation (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/baselineSee 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 |

|  |  |  |
| --- | --- | --- |
| **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  | WhoWhy |

|  |  |
| --- | --- |
| **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! |