Clinical Data Abstraction Worksheet – Sepsis

Patient Name:_____

ED Physician:_____ Admit Physician:_____

Acct. #:_____

Discharging Physician:_____

Admit Date:_____ Discharge Date:_____

SEPSIS CRITERIA

Severe Sepsis Criteria: (all three of which must **be met within 6 hours of each other)**

1. Documentation of a **suspected source of clinical infection.** There may be reference to "possible infection from xx", "suspect infection from xx", or similar reference in progress notes, consult notes, or similar physician documentation. Nursing documentation referencing an infection, suspected infection, or current treatment of an infection is acceptable. Exclude documentation of **viral or fungal infections and COVID-19.**

☐ Yes ☐ No/ UTD Date:_____ Time:_____

Infection: _____Source of Documentation: _____

2. **Two or More** manifestations of systemic infection according to the Systemic Inflammatory Response Syndrome (SIRS) criteria, which are:

☐Temperature >38.3 C(>100.9F)or < 36.0 C(<96.8F) ☐Pregnant (≥100.4F or <96.8) Date:_____ Time:_____ Result:_____

☐Heart rate (pulse) > 90 ☐Pregnant HR >110 Date: _____Time:_____ Result:_____

☐Respiration > 20 per minute ☐Pregnant >24/min Date:_____Time:_____ Result:_____

☐White blood cell count > 12,000 or < 4,000 or > 10% bands Date:_____Time:_____Result:_____

☐Pregnant WBC >15,000 or <4000 or >10%Bands

3. **Organ Dysfunction,** evidenced by **any one** of the following:

☐SBP < 90, or MAP < 65 Date:_____ Draw/Result:_____ Result:_____

☐Altered Mental Status Date:_____ Draw/Result:_____ Result:_____

☐Doc of acute resp failure AND a new need for invasive or non-invasive mech vent. Date:_____ Draw/Result:_____ Result:_____

☐Creatinine > 2.0, or urine output < 0.5 mL/kg/hour for 2 hours Date:_____ Draw/Result:_____ Result:_____

☐Bilirubin > 2 mg/dL (34.2 mmol/L) Date:_____ Draw/Result:_____ Result:_____

☐Platelet count < 100,000 Date:_____ Draw/Result:_____ Result:_____

☐INR > 1.5 or aPTT > 60 sec Date:_____ Draw/Result:_____ Result:_____

☐Lactate > 2 mmol/L (18.0 mg/dL) Date:_____ Draw/Result:_____ Result:_____

SEVERE SEPSIS

1. Discharge Time:_____

2. Discharge Disposition:

☐1 – Home / Self care
☐2 - Hospice – Home
☐3 - Hospice – Health Care Facility
☐4 - Acute Care Facility: _____
☐5 - Other Health Care Facility: _____
☐6 – Expired
☐7 - AMA
☐8 - Not Documented / UTD

3. Transfer From Another Hospital or ASC:

☐Yes ☐No

4. Severe Sepsis Present:

☐Yes Date:_____ Time:_____ ☐No ☐UTD

5. **Severe Sepsis - Administrative Contraindication to Care:**
Did the patient or surrogate decision-maker **decline consent** for blood draw, fluid administration, or antibiotic administration within 6hr of severe sepsis?

☐1 – Yes (Phys doc of refusal of blood draw, fluid admin, or ATB)
☐2 – No

6. Directive for Comfort Care, Severe Sepsis:

☐Yes - Phys doc of CMO OR palliative care was prior to or within 3 hrs of severe sepsis presentation
☐No – Phys doc of CMO or palliative care was not prior to or within 3 hrs of severe sepsis presentation / Not doc / UTD

Arrival Time:_____

Sepsis Screen Positive: ☐ **Yes** ☐**No** ☐**N/A Time:_____**

Severe Sepsis criteria met: ☐**ED** ☐**Unit_____**

Pt admitted from ED to _____at_____

Sepsis Orders Used? ☐**Yes** ☐ **No** ☐**N/A**

7. **3hr** **Initial Lactate Level Collection**: (6hrs prior to or 3 hrs following severe sepsis presentation)
☐ Yes ☐ No Date:_____ Time:_____

8. **Initial Lactate Level Result:**
☐<= 2, or there is no result in the chart, or UTD the result.
☐> 2 and < 4.0.
☐>= 4 or more

9. **3hr** **Broad Spectrum or Other Antibiotic Administration**: (abstract 1st dose of ANY ATB given 24hrs prior to or 3hrs following severe sepsis presentation, even if >24hrs)
☐Yes ☐No

ATB Name:_____ Date:_____ Time:_____ Route:_____
ATB Name:_____ Date:_____ Time:_____ Route:_____
ATB Name:_____ Date:_____ Time:_____ Route:_____

10. 3hr Blood Culture Collection: (48hrs prior to or 3hrs following severe sepsis presentation)

☐Yes ☐No Date:_____ Time: _____

11. Doc supporting there was Blood Culture Collection Acceptable Delay?
☐Yes ☐No

12. **6hr** **Repeat Lactate Level Collection**: (within 6hrs of severe sepsis presentation)
☐Yes ☐ No Date: _____ Time: _____

Results:_____

SEPTIC SHOCK

14. Was physician Documentation of Septic Shock within 6 hours following the presentation of severe sepsis present in the medical record? ☐Yes ☐No

15. Septic Shock Present: (if more than 6hrs after severe sepsis presentation, select "NO")
☐ Yes ☐No Date:_____ ☐UTD Time:_____☐UTD

16. Septic Shock - Administrative Contraindication to Care: Did the patient or surrogate decision-maker decline consent for blood draw, fluid administration, or antibiotic administration within 6hr of septic shock?
☐ 1 – Yes (Phys doc of refusal of blood draw, fluid admin, or ATB)
☐ 2 – No

17. Directive for Comfort Care, Septic Shock:
☐Yes - Phys doc of CMO was prior to or within 3 hrs of septic shock presentation
☐No - Phys doc of CMO was not prior to or within 3 hrs of septic shock presentation / Not doc / UTD

18. Was Initial hypotension (Two hypotensive blood pressure readings from measurements taken at different times) present 6 hours prior to or within 6 hours following Severe Sepsis Presentation Date and Time?
☐ Yes ☐No

19. 3hr Crystalloid Fluid Admin: Weight:_____ kg Amt:_____ ml
Date:_____ ☐UTD Time:_____ ☐UTD
☐1 - Yes - Target volume of crystalloid fluids were ordered AND initiated within the specified time frame. Additionally, the target ordered volume was completely infused.
☐2 - No - Less than the target volume of crystalloid fluids were ordered OR initiated within the specified time frame. The target ordered volume was not completely infused.
☐3 - No - The target volume of crystalloid fluids was NOT initiated within the specified time frame, or unable to determine.
☐4 – No –There is documentation the patient has an implanted Ventricular Assist Device (VAD) OR documentation of the patient or authorized patient advocate refusal of IV fluids.

Boluses

Date:	**Amount:**	**Start time:**	**End time:**
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total IV Fluid Bolus _____

Bolus End Time:_____

Post bolus BPs

BP _____@ _____(time)

BP _____@ _____(time)

BP_____ @_____ (time)

BP_____ @_____ (time)

20. Was persistent hypotension or new onset of hypotension present within one hour of when the target ordered volume of crystalloid fluids was completely infused?
☐1 (Yes) Persistent hypotension or new onset of hypotension was present within one hour of when the target ordered volume of crystalloid fluids was completely infused.
☐2 (No or UTD) Persistent hypotension or new onset of hypotension was not present within one hour of when the target ordered volume of crystalloid fluids was completely infused or unable to determine.
☐3 (No) The patient was not assessed for persistent hypotension or new onset of hypotension within one hour of when the target ordered volume of crystalloid fluids was completely infused.
☐4 (Not applicable) Crystalloid fluids were administered but at a volume less than the target ordered volume.

21. 6hr Vasopressor Administration: Only if hypotension persists!
☐Yes Date: _____Time: _____ ☐No ☐UTD

22. Repeat Volume Status and Tissue Perfusion Assessment Performed
Allowable Values:
☐1 (Yes) Repeat Volume Status and Tissue Perfusion Assessment was documented in the appropriate time window.
☐2 (No) Repeat Volume Status and Tissue Perfusion Assessment was not documented in the appropriate time window, or unable to be determined.
Start abstracting at the crystalloid fluid administration date and time and stop abstracting six hours after the presentation of septic shock date and time. This is the appropriate time window.
•A repeat volume status and tissue perfusion assessment may consist of any one of the following three:
- O Physician documentation attesting to performing or completing a physical examination, perfusion (re-perfusion) assessment, sepsis (severe sepsis or septic shock) focused exam, or systems review.
- O Physician documentation indicating they performed or completed a review of at least five of the following eight parameters. Reference to the parameters must be made in physician documentation. Physician documentation does not need to reference all parameters within the same note.
- O Documentation demonstrating one of the following was measured or performed. This documentation can be met by physician or non-physician documentation of performance of the test, a result or value. Physician attestation to having reviewed the test is acceptable.

23. **Pregnant 20 Weeks Through Day 3 Post-delivery**
Definition: Documentation the patient is at least 20 weeks pregnant or within three days after delivery at the Severe Sepsis Presentation Time.
Allowable Values:
☐1 (Yes) Documentation the patient is at least 20 weeks pregnant or within three days after delivery at the time severe sepsis is identified.
☐2 (No) There is no documentation that the patient is at least 20 weeks pregnant or within three days after delivery at the time severe sepsis is identified, the patient is not pregnant, or unable to determine.