

SEVERE SEPSIS PRESENTATION DATE/TIME: :

If all 3 met within 6 hours of each other, **Severe Sepsis present**

Use earliest of each of three criteria; Use latest time of the three criteria to form severe sepsis

1. Suspected/Known Infection documented by Physician/APN/PA or nursing: _____

2. SIRS Criteria (**two or more** present): _____

CRITERIA	VALUE	TIME
Temp >100.9°F or <96.8°F (>38.3°C or <36.0°C)		
Heart Rate (Pulse) >90		
Respiration >20 per minute		
WBC >12,000 or <4,000 or >10% bands		

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

CRITERIA	VALUE	TIME
SBP <90 or Mean arterial pressure <65		
SBP decrease of more than 40 mmHg- Physician/APN/PA documentation must be present indicating a >40 mmHg decrease in SBP has occurred and is related to infection, Severe Sepsis or Septic Shock and not other causes.		
Acute respiratory failure (evidenced by a NEW need for invasive or non-invasive mechanical ventilation (CPAP, BIPAP, Vent, or an increased need from intermittent to continuous)		
Creatinine >2.0 OR an elevation of >0.5 above baseline in patient with CKD **Exclude if patient has ESRD AND on HD		
Urine output <0.5 mL/kg/hr x 2 consecutive hours		
Total Bilirubin >2 mg/dL (34.2 mmol/L)		
Platelet count < 100,000		
INR > 1.5 or aPTT > 60 sec ***Do NOT use if patient is on anticoagulant (do not exclude if only Heparin Flushes)		
Lactate > 2 mmol/L (18.0 mg/d) (> 4 = septic shock)		

This card is for reference only and is not a comprehensive list of all requirements. For a complete list of details, please refer to [CMS' Quality Net 2019 Specifications Manual - Version 5.6](#).

SEVERE SEPSIS 3 HOUR TREATMENT:

1. Initial Lactate (between 6 hours prior & 3 hours following presentation) @ _____
2. Blood culture PRIOR to antibiotic & no later than 3 hours following presentation @ _____
3. IV Antibiotic 24 hours prior to up to 3 hours after presentation @ _____
4. Monitor and treat hypotension:
Target Volume of 30 ml/kg Crystalloid Fluid Administration 6 hours prior through 3 hours after initial hypotension or septic shock

SEVERE SEPSIS 6 HOUR TREATMENT:

- Repeat Lactate 6 hours from presentation if initial lactate > 2.0 mmol/L @ _____
- Monitor and treat hypotension
- Frequent vitals, including after fluids end—perform at least two vitals in hour after fluids end
- Evaluate for Septic Shock

SEPTIC SHOCK:

1. Septic Shock documented by physician/APN/PA **OR**
2. Severe sepsis & persistent hypotension **OR**
 - Persistent Hypotension measured in hour after conclusion of 30 ml/kg Crystalloid Fluid Administration by two consecutive blood pressure readings:
 - o SBP < 90
 - o MAP < 65
 - o SBP decrease of more than 40 mmHg:
Physician/APN/PA documentation must be present indicating a >40 mmHg decrease in SBP has occurred and is related to infection, Severe Sepsis or Septic Shock and not other causes. Severe sepsis & initial lactate ≥ 4
3. Initial lactate level ≥ 4 mmol/L

6 HOUR SEPTIC SHOCK TREATMENT:

1. Vasopressor administration—given in time window from septic shock to 6 hours after:
**Norepinephrine, Epinephrine, Phenylephrine, Dopamine, Vasopressin
2. Repeat Volume Status and Tissue Perfusion Assessment – from fluid administration start time to 6 hours after septic shock presentation:
 - Physician/APN/PA attestation **OR**
 - Review of 5 of 8 parameters: Arterial Ox Sat; Cap Refill; Cardiopulmonary Assessment; peripheral pulses; Shock Index; Skin Color/Condition; Urine Output; Vital Signs including heart rate, respiratory rate, blood pressure, & temperature **OR**
3. Measured or performed by physician/APN/PA: CVP; ScvO₂; Echo; Fluid Challenge or passive leg raise