

Severe Sepsis Tipsheet

SEVERE SEPSIS

A, B, and C of the following must be met **within 6 hours** of each other.

A.

Documentation of a suspected infection. There may be reference to “possible infection,” “suspect infection,” “rule out infection,” or similar documentation.

B.

TWO or more manifestations of systemic infection according to the Systemic Inflammatory Response Syndrome (SIRS) criteria, which are:

- Temperature > 38.3 C or < 36.0 C (> 100.9 F or < 96.8 F)
- Heart rate (pulse) > 90
- Respiration > 20 per minute
- White blood cell count > 12,000 or < 4,000 or > 10% bands

C.

Organ dysfunction, evidenced by any one of the following:

- Systolic blood pressure (SBP) < 90 mmHg, or mean arterial pressure < 65 mmHg, or a systolic blood pressure decrease of more than 40 mmHg. Physician/APN/PA documentation must be present in the medical record 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 as evidenced by a new need for invasive or non-invasive mechanical ventilation. To use acute respiratory failure as a sign of organ dysfunction there must be:
 - Documentation of acute respiratory failure AND
 - Documentation the patient is on mechanical ventilation
 - Invasive mechanical ventilation requires an endotracheal or tracheostomy tube. Non-invasive mechanical ventilation may be referred to as BiPAP or CPAP.
 - New need for mechanical ventilation indicates the patient was not using the same type of mechanical ventilation prior to the current acute respiratory failure.
- Use the time at which there is documentation the patient has both acute respiratory failure and is on mechanical ventilation. If documented separately, use the time the later of the two is documented.
- Creatinine > 2.0, or urine output < 0.5 mL/kg/hour for 2 consecutive hours.
 - For urine output, documentation must clearly indicate that urine output is being monitored hourly to be able to use this as organ dysfunction.
- Total Bilirubin > 2 mg/dL (34.2 mmol/L)
- Platelet count < 100,000
- INR > 1.5 or aPTT > 60 sec
- Lactate > 2 mmol/L (18.0 mg/dL)

All three clinical criteria (A, B, and C) must be met within 6 hours of each other to choose Value “1.”

OR

If clinical criteria for severe sepsis are not met, but there is physician/APN/PA documentation of severe sepsis, choose Value “1.”

If clinical criteria for severe sepsis are not documented and there is not physician/APN/PA documentation of severe sepsis, but there is physician/APN/PA documentation of septic shock, choose Value “1.”

TREATMENTS

Received within 3 hours of Severe Sepsis presentation:

- Initial lactate level measurement (between 6 hours prior to and 3 hours following the presentation of severe sepsis)
- Broad spectrum or other antibiotics administered **intravenously** (24 hours prior to or 3 hours following the presentation of severe sepsis)
- Blood cultures drawn prior to antibiotics (48 hours prior to and 3 hours following the presentation of severe sepsis)

Received within 6 hours of Severe Sepsis presentation:

- Repeat lactate level measurement *only if* initial lactate level is elevated ($> 2\text{mmol/L}$ or $> 18.0\text{ mg/dL}$)

Note If the patient has Severe Sepsis **AND** Initial Hypotension, an Initial Lactate Level Result $\geq 4\text{ mmol/L}$, or Physician/APN/PA documentation of Septic Shock, there must be documentation of:

- 30 mL/kg of crystalloid fluids were ordered and initiated prior to, at the time of, or after the presentation of Initial Hypotension, Initial Lactate Level Result $\geq 4\text{ mmol/L}$, or Documentation of Septic Shock, and 30 mL/kg of crystalloid fluids were infused.

BROAD SPECTRUM ANTIBIOTICS

Antibiotic Monotherapy Trade/Generic	Combination Therapy Must Have at least 1 antibiotic from A & at least one from Column B	
	Column A	Column B
Avelox/Moxifloxacin Avycaz/Ceftazidime-Avibactam Ceftazidime/Avibactam Claforan/Cefotaxime Doribax/Doripenem Fortaz/Ceftazidime Imipenem/Cilastatin Invanz/Ertapenem Levaquin/Levofloxacin Maxipime/Cefepime Merrem/Meropenem Primaxin/Imipenem-Cilastatin Rocephin/Ceftriaxone Teflaro/Ceftaroline Fosamil Timentin/Ticarcillin-Clavulanate Unasyn/Ampicillin-Sulbactam Zerbaxa/Ceftolozane-Tazobactam Zosyn/Piperacillin-Tazobactam	Aminoglycosides Aztreonam Ciprofloxacin	Cephalosporins (1st & 2nd Generation) Clindamycin IV Daptomycin Glycopeptides Linezolid Macrolides Penicillins