

SEPSIS QUALITY MEASURE..... at a glance

Severe Sepsis Time of Presentation- (Time Zero) Sepsis measures must be used when a patient presents with Severe Sepsis defined as:

A. MD documents patient is suspected of severe sepsis/septic shock or diagnosis/plan severe sepsis. Time Zero = starts time of documentation.

OR

B. (Within 6 hours of each other) all of the following three are true:

1. MD documents suspected or diagnosis of an infection

AND

2. Two or more of the SIRS criteria

- Temp 101 or < 96.8
- Pulse > 90
- Resp > 20
- WBC > 12,000 or, < 4,000 or bands >10%

AND

3. Organ Dysfunction

- SBP < 90, or MAP 65 or SBP decreased of more than 40 points from baseline
- Creatine Clearance > 2.0 or urine output is o.5 mL/kg/hour for 2 hours
- Bilirubin > 2 mg/dL (34.2 mmol/L)
- Platelet count < 100,000
- INR > 1.5 or PTT > 60 sec
- Lactate > 2 mmol/L (18.0 mg/mL)

Time zero starts when the last sign of severe sepsis/septic shock is noted or last lab value reported

Within 3 hours of Time Zero

Initial Lactate Level Drawn between 6 hours prior to the presentation of severe sepsis or within 3 hours following the presentation of severe sepsis.

Blood Culture collected between 48 hours prior to the presentation of severe sepsis or within 3 hours following the presentation of severe sepsis. Documented in an order and performed prior to administration of sepsis antibiotics.

Antibiotic Selection administer consistent with current guidelines for patients diagnosed with severe sepsis.

Within 6 hours of Time Zero

If initial lactate level is ≥ 2 mmol/L, the lactate level must be **redrawn** within 6 hours of the presentation of severe sepsis

Patients with hypotension need Crystalloid Fluid Resuscitation (LR or 0.9% NS only) administered at a rate of 30ml/kg

SEPSIS QUALITY MEASURE..... at a glance

Septic Shock Presentation- (Time Zero) Septic Shock measures must be used with a patient presents with Septic Shock defined as:

A. MD Documents patient is suspected of Septic Shock or diagnosis of Septic Shock. Time zero for septic shock starts at time of documentation.

OR

B.

1. MD Documentation of Severe Sepsis

AND

2. Tissue hypoperfusion persists in the hour after crystalloid fluid resuscitation is administered, evidenced by either:

- SBP < 90, or MAP 64, or SBP decrease by more than 40 points
- OR
- Lactate level is ≥ 4.0 mmol/L

Time Zero starts when the last sign of septic shock is noted or last lab value report.

Within 3 hours of Septic Shock Time Zero

Crystalloid Fluid Resuscitation (LR or 0.9% NS only) administered at a rate of 30ml/kg for persistent hypotension (SBP < 90, or MAP 64, or SBP decrease by more than 40 points) or Lactate ≥ 4.0 mmol/L.

Within 6 hours of Septic Shock Time Zero

Intravenous vasopressors administered at the time of or after the presentation of septic shock (for hypotension not responsive to fluid resuscitation)

Focused exam performed and documented by a Provider at the beginning of the crystalloid fluid resuscitation administration or within 6 hours of the presentation of septic shock. Focused exam includes ALL of the following elements: VS review, cardio evaluation, pulmonary evaluation, capillary refill exam, peripheral pulse exam and a skin exam with a reference to color

If a Focused exam is not completed TWO of the following must be obtained within 6 hours of the presentation of septic shock

1. **CVP** measurement
2. **CV Oxygen** measurement
3. **Cardiovascular ultrasound** at the beginning of the crystalloid fluid resuscitation administration or within 6 hours of the presentation of septic shock
4. **Passive leg raise** performed by a physician or **fluid challenge** at the beginning of the crystalloid fluid resuscitation administration or within 6 hours of the presentation of septic shock

** NOTE that the term "Provider" refers to Physician, ANPs and Physician Assistants**