# **CMS Severe Sepsis/Septic Shock Quick Reference**

(Updated for July 2022 specifications)

\*\*\*Date and time of all interventions must be clearly documented\*\*\*

# **Severe Sepsis Presentation**

The clock starts when the MD/APN/PA documents Severe Sepsis or Septic Shock or the last clinical criterion is met.



- □ Blood cultures drawn prior to antibiotics
  - Appropriate antibiotics given
- Lactate level collected
- Resuscitation with 30 ml/kg crystalloid fluids (ONLY IF initial hypotension\*)



Repeat lactate (ONLY IF initial lactate is >2 or not resulted)

# **Septic Shock Presentation**

The clock starts when the MD/APN/PA documents Septic Shock or the last clinical criterion is met.



Resuscitation with 30 ml/kg crystalloid fluids\*\*



- □ Vasopressors (**ONLY IF** persistent hypotension or new onset hypotension after fluid administration)
- □ Repeat volume status and tissue perfusion assessment (**ONLY IF** persistent hypotension or new onset hypotension after fluid administration or initial lactate >= 4)

#### Severe Sepsis Criteria (All within 6 hours) Septic Shock Criteria (both) A suspected clinical infection Criteria met for (or documentation of) Severe Sepsis 2 or more SIRS Criteria Persistent hypotension or a new onset hypotension in the ☐ Temperature > 38.3 C or < 36.0 C (>100.9 F or < 96.8F) hour after the conclusion of crystalloid fluids evidenced by ☐ Heart rate (pulse) > 90 two consecutive documented recordings of: ☐ Respiration > 20 per minute □ Systolic blood pressure (SBP) < 90 or $\Box$ White blood cell count > 12,000 or < 4,000 or > 10% bands Mean arterial pressure (MAP) < 65 or **Organ Dysfunction** evidenced by any: Systolic blood pressure ↓ of more than 40 mmHg □ Systolic blood pressure (SBP) < 90 OR ☐ Mean arterial pressure < 65 Tissue hypoperfusion evidenced by initial lactate level result ☐ Systolic blood pressure ↓ of more than 40 mmHg > 4 mmol/L □ New need for invasive or non-invasive mechanical ventilation ☐ Creatinine > 2.0 or urine output < 0.5 mL/kg/hour for 2 consecutive hours ☐ Total Bilirubin > 2 mg/dL (34.2 mmol/L)

Lactate > 2 mmol/L (18.0 mg/dL)

□ Platelet count < 100,000</li>□ INR > 1.5 or aPTT > 60 sec



<sup>\*3</sup> hours calculated from initial hypotension

<sup>\*\*3</sup> hours calculated from initial hypotension or septic shock, whichever is first

## **Pregnant Patients**

Modified parameters are used for identifying clinical signs of sepsis in patients that are at least 20 weeks pregnant or within 3 days post-delivery.

Parameters for Pregnant patients		
Tachypnea	Respiration > 24 per min	
Tachycardia, RVR	Heart rate > 110 per min	
Leukocytosis	WBC > 15,000	
Hypotension	SBP < 85 mmHg or MAP <65 mmHg	
Elevated Temp	Temp ≥38 C or <36.0 C (≥100.4 F or <96.8 F)	
Elevated Creatinine	Creatinine >1.2 mg/dL	
Elevated Lactate	Lactate >2 mmol/L (18.0 mg/dL) (Lactates obtained during active delivery will not be used)	

## **Vasopressors**

Any of the vasopressors on the table will satisfy the measure if they are given by IV or IO route. Ensure that the vasopressor name, dose, route, and time of administration are clearly documented.

Vasopressors for Septic Shock (includes trade & generic name)			
Norepinephrine Levophed	Phenylephrine Neosynephrine	Dopamine	
Epinephrine Adrenalin	Phenylephrine Vazculep	Vasopressin	
Angiotensin II Giapreza			

## **Repeat Volume Status and Tissue Perfusion Assessment**

Can be met with Physician/APN/PA documentation of any of the following:

#### **Attestation**

Physician/APN/PA documentation indicating or attesting to performing or completing a physical examination, perfusion (reperfusion) assessment, sepsis (severe sepsis or septic shock) focused exam, or systems review

# At least 5 of these 8 parameters

- ☐ Arterial Oxygen Saturation
- □ Capillary Refill

OR

- ☐ Cardiopulmonary Assessment
- Peripheral Pulses
- □ Shock Index (SI)
- □ Skin Color or Condition
- □ Urine Output (UO)
- □ Vital Signs

#### Any 1 of the following

- Central Venous Pressure (CVP)
- ☐ Central Venous Oxygen Saturation (ScvO2 or SvO2)

OR

- Echocardiogram (Cardiac echo or cardiac ultrasound)
- ☐ Fluid Challenge or Passive Leg Raise

#### **Crystalloid Fluid Administration**

A physician/APN/PA order for less than 30 mL/kg of crystalloid fluids is acceptable for the target ordered volume if all of the following criteria were met:

- There is a physician/APN/PA order for the lesser volume of crystalloid fluids as either a specific volume (e.g., 1500 mL) or a weight-based volume (e.g., 25 mL/kg).
- The ordering physician/APN/PA documented within a single note in the medical record all the following:
  - The volume of fluids to be administered as either a specific volume (e.g., 1500 mL) or a weight-based volume (e.g., 25 mL/kg) AND
  - o a reason for ordering a volume less than 30 mL/kg of crystalloid fluids

This is a quick reference document - the complete specifications are in the Specifications Manual

