Sepsis 2

* In 1991, defined as a host’s systemic inflammatory response syndrome (SIRS) to infection. Sepsis complicated by organ dysfunction was termed severe sepsis, which could progress to septic shock.
* In 2001, a task force recognized limitations with these definitions, expanded the list of diagnostic criteria but did not offer alternatives d/t lack of supporting evidence.
* In effect, the definition of sepsis, septic shock, and organ dysfunction remained largely unchanged for almost 2 decades.

Sepsis 3

* In 2016, sepsis is defined as a life threatening organ dysfunction caused by a dysregulated host response to infection. Severe sepsis no longer exists in this definition.
* SIRS is nonspecific; organ dysfunction can be identified as an acute change in total SOFA score ≥2 points consequent to the infection.
* Septic shock is defined as a subset of sepsis in which underlying circulatory and cellular metabolism abnormalities are profound enough to substantially increase mortality. Can be identified with persistent hypotension requiring vasopressors to maintain MAP ≥65 mmHg and serum lactate level >2 mmol/L despite adequate volume resuscitation

**Documentation key points for sepsis**

Do

* When documenting sepsis include clinical findings, rationale, and/or treatment plan *supportive* of your diagnosis.
* Make certain to link any organ dysfunction caused by sepsis to the sepsis in your documentation.
* Documentation Examples:
	+ Sepsis causing hypotension and acute kidney injury treated with IVF per sepsis protocol and IV antibiotics.
	+ Acute kidney injury due to sepsis.

Do Not

* If you document the diagnosis of sepsis, do not explicitly state that the patient does not meet sepsis 2 or sepsis 3 criteria as that is not supportive documentation for your diagnosis. Auditors have no problem denying your diagnosis and rationalizing why your patient did not have sepsis despite never having assessed or treated your patient.

Documentation Example: Sepsis- not severe sepsis, does not meet sepsis 3 criteria.

* If you do not believe your patient has sepsis and cannot document clinical support, then do not document sepsis.

\*If you believe your patient has sepsis and have documented sepsis, you should use the sepsis protocol in your treatment plan in order to meet the Sepsis core measure set forth by CMS.

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Please contact Clinical Documentation Specialists for any questions

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