

Clinical Data Abstraction Worksheet – Sepsis

ED Physician: _____ Admit Physician: _____
 Discharging Physician: _____

Patient Name: _____
 MR#: _____ Acct. #: _____
 Admit Date: _____ Discharge Date: _____

Sepsis Criteria

Severe Sepsis Criteria: (all three of which must be met within 6 hours of each other)

- Documentation of a **suspected source of clinical infection**. There may be reference to “possible infection from xx”, “suspect infection from xx”, or similar reference in progress notes, consult notes, or similar physician/APN/PA documentation. Nursing documentation referencing an infection, suspected infection, or current treatment of an infection is acceptable. Exclude documentation of viral or fungal infections.

Yes No / UTD

Date: _____ Time: _____
 Infection: _____ Source of Documentation: _____
- 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
 Heart rate (pulse) > 90
 Respiration > 20 per minute
 White blood cell count > 12,000 or < 4,000 or > 10% bands

Date: _____ Time: _____ Result: _____
 Date: _____ Time: _____ Result: _____
 Date: _____ Time: _____ Result: _____
 Date: _____ Time: _____ Result: _____
- Organ dysfunction**, evidenced by **any one** of the following:



SBP < 90, or MAP < 65
 Doc of acute resp failure AND a new need for invasive or non-invasive mech vent.
 Creatinine > 2.0, or urine output < 0.5 mL/kg/hour for 2 hours
 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)

Date: _____ Draw/Result: _____ Result: _____
 Date: _____ Draw/Result: _____ Result: _____
 Date: _____ Draw/Result: _____ Result: _____
 Date: _____ Draw/Result: _____ Result: _____
 Date: _____ Draw/Result: _____ Result: _____
 Date: _____ Draw/Result: _____ Result: _____

Severe Sepsis

- | | |
|---|--|
| <ol style="list-style-type: none"> Discharge Time: _____ Discharge Disposition: <p><input type="checkbox"/> 1 – Home / Self care
 <input type="checkbox"/> 2 - Hospice – Home
 <input type="checkbox"/> 3 - Hospice – Health Care Facility
 <input type="checkbox"/> 4 - Acute Care Facility: _____
 <input type="checkbox"/> 5 - Other Health Care Facility: _____
 <input type="checkbox"/> 6 – Expired
 <input type="checkbox"/> 7 - AMA
 <input type="checkbox"/> 8 - Not Documented / UTD</p> Transfer From Another Hospital or ASC:
 <input type="checkbox"/> Yes <input type="checkbox"/> No Severe Sepsis Present:
 <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ <input type="checkbox"/> UTD Time: _____ <input type="checkbox"/> UTD Severe Sepsis - Administrative Contraindication to Care: Did the patient or surrogate decision-maker decline consent for blood draw, fluid administration, or antibiotic administration within 6hr of severe sepsis?
 <input type="checkbox"/> 1 – Yes (Phys/APN/PA doc of refusal of blood draw, fluid admin, or ATB)
 <input type="checkbox"/> 2 – No Directive for Comfort Care, Severe Sepsis: <p><input type="checkbox"/> Yes - Phys/APN/PA doc of CMO OR palliative care was prior to or within 3 hrs of severe sepsis presentation
 <input type="checkbox"/> No - Phys/APN/PA doc of CMO or palliative care was not prior to or within 3 hrs of severe sepsis presentation / Not doc / UTD</p> <p>Arrival Time: _____
 Sepsis Alert called? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Time _____
 Severe Sepsis criteria met: <input type="checkbox"/> ED <input type="checkbox"/> Unit _____
 Pt admitted from ED to _____ at _____
 Sepsis Orders Used? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> | <ol style="list-style-type: none"> 3hr Initial Lactate Level Collection: (6hrs prior to or 3 hrs following severe sepsis presentation)
 <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ <input type="checkbox"/> UTD Time: _____ <input type="checkbox"/> UTD Initial Lactate Level Result:
 <input type="checkbox"/> <= 2, or there is no result in the chart, or UTD the result.
 <input type="checkbox"/> > 2 and < 4.0.
 <input type="checkbox"/> >= 4 or more 3hr Broad Spectrum or Other Antibiotic Administration: (abstract 1st dose of ANY ATB given 24hrs prior to or 3hrs following severe sepsis presentation, even if >24hrs)
 <input type="checkbox"/> Yes <input type="checkbox"/> No
 ATB Name: _____ Date: _____ Time: _____ Route: _____
 ATB Name: _____ Date: _____ Time: _____ Route: _____
 ATB Name: _____ Date: _____ Time: _____ Route: _____ 3hr Broad Spectrum or Other Antibiotic Administration Selection: (only abstract doses given in the 3hrs AFTER severe sepsis presentation)
 <input type="checkbox"/> Yes <input type="checkbox"/> No 3hr Blood Culture Collection: (48hrs prior to or 3hrs following severe sepsis presentation)
 <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ <input type="checkbox"/> UTD Time: _____ <input type="checkbox"/> UTD Doc supporting there was Blood Culture Collection Acceptable Delay?
 <input type="checkbox"/> Yes <input type="checkbox"/> No 6hr Repeat Lactate Level Collection: (within 6hrs of severe sepsis presentation)
 <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ <input type="checkbox"/> UTD Time: _____ <input type="checkbox"/> UTD |
|---|--|

Septic Shock

14. Was **Initial hypotension** present 6 hours prior to or within 6 hours following *Severe Sepsis Presentation Date and Time*?
 Yes No
15. Was physician/APN/PA **Documentation of Septic Shock** within 6 hours following the presentation of severe sepsis present in the medical record?
 Yes No
16. **3hr**  **Crystalloid Fluid Admin:** Weight: _____ kg Amt: _____ ml
 Date: _____ UTD Time: _____ UTD
 1 - Yes - Crystalloid fluids were administered prior to, at, or after initial hypotension or initial lactate > = 4 or documentation of septic shock **AND** the volume ordered was 30 mL/kg.
 2 - Yes - Crystalloid fluids were administered prior to, at, or after initial hypotension or initial lactate > = 4 or documentation of septic shock **AND** the volume ordered was **less than** 30 mL/kg., or UTD.
 3 - No - Crystalloid fluids were **NOT** administered prior to, at, or after initial hypotension or initial lactate > = 4 or documentation of septic shock or UTD.
 4 - No - There is doc the pt has an implanted VAD
17. **Septic Shock Present:** (if more than 6hrs after severe sepsis presentation, select "NO")
 Yes No Date: _____ UTD Time: _____ UTD
18. **Septic Shock - Administrative Contraindication to Care:** Did the patient or surrogate decision-maker decline consent for blood draw, fluid administration, or antibiotic administration within 6hr of septic shock?
 1 - Yes (Phys/APN/PA doc of refusal of blood draw, fluid admin, or ATB)
 2 - No
19. **Directive for Comfort Care, Septic Shock:**
 Yes - Phys/APN/PA doc of CMO was prior to or within 3 hrs of septic shock presentation
 No - Phys/APN/PA doc of CMO was not prior to or within 3 hrs of septic shock presentation / Not doc / UTD
20. **Persistent Hypotension: (within 1hr following crystalloid fluid admin)**
 1 - Yes. Crystalloid fluids were administered at the rate of 30 mL/kg and persistent OR NEW hypotension was present within one hour of conclusion of fluid administration.
 2 - No. Persistent or new hypotension was not present within one hour of the conclusion of crystalloid fluid administration at the rate of 30 mL/kg.
 3 - No or UTD. The patient was not assessed for persistent or new hypotension in the one hour after the conclusion of crystalloid fluid administration at the rate of 30 mL/kg, or UTD.
 4 - Not applicable. Crystalloid fluids were not administered, or crystalloid fluids were administered but not at the rate of 30 mL/kg.
21. **6hr**  **Vasopressor Administration: Only if hypotension persists!**
 Yes No Date: _____ UTD Time: _____ UTD

Boluses

Date:	Amount:	Start time:	End time:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ALL of these within 6hr  : (Physician/APN/PA documentation only)

22. **Vital Signs Review Performed:** (STRICT CRITERIA! Time window beginning at crystalloid fluid administration date / time and ending 6 hrs after the septic shock presentation)
 Yes No Date: _____ UTD Time: _____ UTD
23. **Cardiopulmonary Evaluation Performed:** (STRICT CRITERIA! Time window beginning at crystalloid fluid administration date / time and ending 6 hrs after the septic shock presentation)
 Yes No Date: _____ UTD Time: _____ UTD
24. **Capillary Refill Examination Performed:** (STRICT CRITERIA! Time window beginning at crystalloid fluid administration date / time and ending 6 hrs after the septic shock presentation)
 Yes No Date: _____ UTD Time: _____ UTD
25. **Peripheral Pulse Evaluation Performed:** (STRICT CRITERIA! Time window beginning at crystalloid fluid administration date / time and ending 6 hrs after the septic shock presentation)
 Yes No Date: _____ UTD Time: _____ UTD
26. **Skin Examination Performed:** (STRICT CRITERIA! Time window beginning at crystalloid fluid administration date / time and ending 6 hrs after the septic shock presentation)
 Yes No Date: _____ UTD Time: _____ UTD

OR

Two of these within 6 hr  :

27. **Central Venous Pressure Measurement:** Was a central venous pressure measurement obtained within 6 hours after the presentation of septic shock?
 Yes No Date: _____ UTD Time: _____ UTD
28. **Central Venous Oxygen Measurement:** Was a central venous oxygen measurement obtained after the presentation of septic shock?
 Yes No Date: _____ UTD Time: _____ UTD
29. **Bedside Cardiovascular Ultrasound Performed:** Was a bedside cardiovascular ultrasound performed in the time window beginning at the crystalloid fluid administration date and time and ending six hours after the presentation of septic shock date and time?
 Yes No Date: _____ UTD Time: _____ UTD
30. **Passive Leg Raise Exam Performed:** Was a passive leg raise examination performed by a physician/APN/PA in the time window beginning at the crystalloid fluid administration date and time and ending six hours after the presentation of septic shock date and time?
 Yes No Date: _____ UTD Time: _____ UTD
31. **Fluid Challenge Performed:** Was a fluid challenge performed in the time window beginning at the crystalloid fluid administration date and time and ending six hours after the presentation of septic shock date and time?
 Yes No Date: _____ UTD Time: _____ UTD

Bolus End Time: _____
 Physician notified sepsis bolus done? Yes No Dr. _____
 By _____ At _____ (time)

Post bolus BPs

BP _____ @ _____ (time)
 BP _____ @ _____ (time)
 BP _____ @ _____ (time)