Clinical Data Abstraction Worksheet – Sepsis

ED Physician: ____________________ Admit Physician: ____________________
Discharging Physician: ____________________

Patient Name: ____________________
MR#: ____________________ Acct #: ____________________
Admit Date: __________ Discharge Date: __________

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

1. 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
   
2. **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: __________
   
3. **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: __________ Time: __________ Result: __________

**Severe Sepsis**

1. Discharge Time: __________

2. Discharge Disposition:
   - 1 – Home / Self care
   - 2 - Hospice – Home
   - 3 - Hospice – Health Care Facility
   - 4 - Acute Care Facility:
   - 5 - Other Health Care Facility: ____________________
   - 6 – Expired
   - 7 - AMA
   - 8 - Not Documented / UTD

3. Transfer From Another Hospital or ASC:
   - Yes  ❏ No

4. Severe Sepsis Present:
   - Yes  ❏ No
   
5. 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?
   - Yes (Phys/APN/PA doc of refusal of blood draw, fluid admin, or ATB)
   - No
   
6. Directive for Comfort Care, Severe Sepsis:
   - Yes - Phys/APN/PA doc of CMO OR palliative care was prior to or within 3 hrs of severe sepsis presentation
   - 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
   
Arrival Time: __________

Sepsis Alert called?  Yes  ❏ No  ❏ N/A
Severe Sepsis criteria met:  ED  ❏ Unit __________
Pt admitted from ED to __________ at __________
Sepsis Orders Used?  Yes  ❏ No  ❏ N/A

7. 3hr **Initial Lactate Level Collection**: (6hrs prior to or 3 hrs following severe sepsis presentation)
   - Yes  ❏ No
   - Date: __________ Time: __________ Route: __________

8. **Initial Lactate Level Result**:
   - <= 2, or there is no result in the chart, or UTD the result.
   - > 2 and < 4.0
   - >= 4 or more
   
9. 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)
   - Yes  ❏ No
   
   ATB Name: __________ Date: __________ Time: __________ Route: __________
   
   ATB Name: __________ Date: __________ Time: __________ Route: __________

10. 3hr **Broad Spectrum or Other Antibiotic Administration Selection** : (only abstract doses given in the 3hrs AFTER severe sepsis presentation)
   - Yes  ❏ No

11. **Blood Culture Collection**: (48hrs prior to or 3hrs following severe sepsis presentation)
   - Yes  ❏ No
   
   ATB Name: __________ Date: __________ Time: __________ Route: __________

12. Doc supporting there was Blood Culture Collection Acceptable Delay?
   - Yes  ❏ No

13. **Repeat Lactate Level Collection**: (within 6hrs of severe sepsis presentation)
   - Yes  ❏ No
   
   ATB Name: __________ Date: __________ Time: __________ Route: __________
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. 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. Vasopressor Administration: Only if hypotension persists!  
   □ Yes  □ No Date: _______ UTD Time: _______ UTD

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

Boluses

<table>
<thead>
<tr>
<th>Date:</th>
<th>Amount:</th>
<th>Start time:</th>
<th>End time:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Bolus End Time: _______ UTD

Physician notified sepsis bolus done?  □ Yes  □ No  Dr. _______

By _______ At _______ (time)

Post bolus BPs

BP _______ @ _______ (time)
BP _______ @ _______ (time)
BP _______ @ _______ (time)