

**PHYSICIAN DOCUMENTATION QUERY**  
**Sepsis**

Dr: \_\_\_\_\_

Date: \_\_\_\_\_

You have documented sepsis in the \_\_\_\_\_.

Treated with: \_\_\_\_\_.

In order to accurately reflect the patient's severity of illness and proper coding assignment please clarify below.

Please check any diagnoses for which you have ordered treatment or for which you are monitoring this patient (check all that apply). Please address all categories.

**Clinical Findings:**

**Sepsis**

Specify organisms: \_\_\_\_\_

**Systemic Inflammatory Response Syndrome**

Due to infectious process: \_\_\_\_\_

Non-infectious process: \_\_\_\_\_

Unspecified

**Septic shock**

Unable to determine

Other: \_\_\_\_\_

**Severe sepsis**

**Acute organ failure**

Acute renal failure

Acute respiratory failure

Acute liver failure

Other organ failure: \_\_\_\_\_

**Bacteremia**

**Due to device, implant or graft**

List device: \_\_\_\_\_

**Infectious process**

Present on admission

Not present on admission

**Sepsis ruled out**

Please include your response in the progress notes and discharge summary.

For any questions please contact: \_\_\_\_\_ Ext: \_\_\_\_\_

Physician Signature: X \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Please place patient label here.



Licking Memorial Hospital



P H Y Q

Physician Documentation Query (Sepsis)

1760-0002  
2/22/13, 7/30/13, 4/22/15