**CMS SEPSIS BUNDLE COMPLIANCE GUIDE**

### SEVERE SEPSIS

*Identified based upon clinical criteria (A,B,C) that must be met within 6 hours of each other or physician/APN/PA documentation of severe sepsis.*

**A. Source of Infection**

**B. 2 SIRS (Systemic Inflammatory Response Syndrome) Criteria**
- Temperature >38.3°C or <36.0°C (>100.9°F or <96.8°F)
- Heart Rate (pulse) >90
- Respiration >20 per minute
- White Blood Cell Count >12,000 or <4,000 or >10% Bands

**C. Acute Organ Dysfunction**
- Documented Systolic Blood Pressure (SBP) <90 mmHg
- Mean Arterial Pressure (MAP) <65 mmHg
- Creatinine >2.0
- Lactate >2 mmol/L (18.0 mg/dL)
- INR >1.5 or aPTT >60 sec
- Platelet Count <100,000

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**Complete within 3 hours of Severe Sepsis date/time**
- Initial Lactate (6hrs Prior - 3hrs After)
- Blood Cultures [Before ABX] (48hrs Prior - 3hrs After)
- ABX (24hrs Prior - 3hrs After)

**Complete within 6 hours of Severe Sepsis date/time**
- Repeat Lactate (for initial lactate >2.0 mmol/L)

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**EXCLUSIONS (must be documented by Physician/APN/PA)**
- Patient expires or is placed on comfort measures/palliative care only:
  - Prior to or within 3 hours of the presentation of severe sepsis
  - Prior or to within 6 hours of the presentation of septic shock
- Patient or surrogate refuses blood draws, fluids, or antibiotics prior to or within 6 hours following the presentation of severe sepsis/septic shock
- Patient is a transfer from another hospital or ambulatory surgery center

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**Crystalloid Fluid Administration**

Initiation of crystalloid fluids prior to, at the time of, or after the presentation of
- Initial Hypotension,
- Initial Lactate Level Result >=4 mmol/L, or
- Physician/APN/PA Documentation of Septic Shock.

Fluids given within 6 hours prior to, or within 6 hours following any of the above, are acceptable to count towards the 30 ml/kg volume.

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**Persistent Hypotension**

Persistent Hypotension in the hour after the conclusion of the 30 ml/kg Crystalloid Fluid Administration, evidenced by two consecutive documented recordings of:
- Systolic blood pressure (SBP) <90, or
- Mean arterial pressure <65 or
- Physician/APN/PA documentation indicating a >40 mmHg decrease in SBP is related to infection, severe sepsis or septic shock and not other causes.

**During the hour after the conclusion of fluid administration, if hypotension is followed by a normal BP or MAP, then there is no persistent hypotension and vaspressors are not needed.**

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### SEPTIC SHOCK

*Identified based upon clinical criteria or physician/APN/PA documentation of septic shock.*

Criteria for determining that Septic Shock is present are as follows:

**A. Documentation of severe sepsis present **

**Persistent Hypotension** in the hour after the conclusion of the 30 ml/kg Crystalloid Fluid Administration.

**OR**

**B. Documentation of severe sepsis present **

Tissue hypoperfusion evidenced by
- Initial Lactate Level Result >=4 mmol/L

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**EXCLUSIONS (must be documented by Physician/APN/PA)**
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<thead>
<tr>
<th>Antibiotic Selection Options (includes General Name Crosswalk)</th>
<th>Trade &amp; Generic Name</th>
<th>CATEGORY A Antimicrobial selected in the first 24 hours</th>
<th>CATEGORY B Antimicrobial selected in the first 24 hours</th>
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<td>Amikacin</td>
<td>Aztreonam</td>
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<tr>
<td>Cefaclor</td>
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Table 5.1: Antibiotic Selection Options Includes General Name Crosswalk