# Quick Reference Guide – CMS Sepsis Measure

## Severe Sepsis / Septic Shock Definitions

**Severe Sepsis is present when the following three are met within 6 hours of each other:**

- Confirmed or suspected infection
- Two or more SIRS criteria
  - Temp > 100.9 or < 96.8°F
  - HR > 90 bpm
  - RR > 20 bpm or paCO₂ < 32
  - WBC > 12,000 or < 4,000
- One or more signs of organ dysfunction
  - SBP < 90 or MAP < 65 or BP decrease > 40 mmHg
  - SpO₂ < 90% or increasing O₂ needs
  - Acutely altered mental status
  - Urine output < 0.5 mL/kg/hr
  - Ileus (absent bowel sounds)
  - Lactate level > 2.0
  - Creatinine > 2.0 or increase > 0.5 mg/dL above baseline
  - Bilirubin > 2
  - Platelet count < 100,000 or INR > 1.5 or aPTT > 60 sec (non-liver failure and non-anticoagulated patients)
  - PaO₂ / FiO₂: < 250 in the absence of PNA or < 200 in the presence of PNA

**Septic Shock is present when both of the following are met within 6 hours of each other:**

- Patient meets Severe Sepsis criteria above
- Patient has either:
  - Lactate ≥ 4
  - Persistent hypotension*

## Treatment Overview

After identification of Severe Sepsis and/or Septic Shock, patient receives all of the following:

**Within 3 hours of presentation time (T-0)**

- Lactate level – initial specimen obtained
- Blood cultures prior to IV antibiotics
- Broad spectrum antibiotics
- Crystalloid IV bolus 30 mL/kg (LR or NS) for hypotension or lactate ≥ 4

**Within 6 hours of presentation time**

- Repeat lactate level – if initial level > 2.0

If Septic Shock identified patient receives the following in addition to those listed above:

**Within 6 hours of presentation time**

- Focused exam – Physician / APP / Virtual ICU note must include all of the following:
  - Vital Signs: T, HR, RR, BP
  - Cardiopulmonary evaluation: Include heart and lung evaluations
  - Capillary refill
  - Peripheral pulse evaluation
  - Skin exam: Include reference to color

- CVP measurement
- SvO₂ or ScvO₂ measurement
- Cardiovascular ultrasound

**Passive leg raise or fluid challenge**

- Passive leg raise must be performed and documented by physician / APP
- Fluid challenge – 1L LR or NS bolus over 30 min.

If Septic Shock with persistent hypotension, patient also receives within 6 hours of presentation time

**Vasopressors initiated** – must include one or more of the following:

- Norepinephrine, phenylephrine, dopamine, epinephrine, vasopressin

## Notes

If clinical criteria for Severe Sepsis/Septic Shock are not met, physician/APP documentation of Severe Sepsis/Septic Shock will be designated Time Zero

If clinical criteria are met prior to physician/APP documentation, T-0 will be the time the last clinical criterion is met

*Persistent hypotension = Hypotension recurring within one hour following the 30 mL/kg crystalloid bolus

## References:

- Specifications Manual for National Hospital Inpatient Quality Measures Discharges 10-01-15 (4Q15) through 06-30-16 (2Q16)
- Website: [http://www.survivingsepsis.org](http://www.survivingsepsis.org)