

CMS Severe Sepsis/Septic Shock Quick Reference

(Updated for January 2023 specifications)

Date and time of all interventions must be clearly documented

Severe Sepsis Presentation

The clock starts when the MD/APN/PA documents Severe Sepsis or Septic Shock or the last clinical criterion is met.



- Blood cultures drawn prior to antibiotics
- Appropriate antibiotics given
- Lactate level collected
- Resuscitation with 30 ml/kg crystalloid fluids (**ONLY IF** initial hypotension*)



- Repeat lactate (**ONLY IF** initial lactate is >2 or not resulted)

Septic Shock Presentation

The clock starts when the MD/APN/PA documents Septic Shock or the last clinical criterion is met.



- Resuscitation with 30 ml/kg crystalloid fluids**



- Vasopressors (**ONLY IF** persistent hypotension or new onset hypotension after fluid administration)
- Repeat volume status and tissue perfusion assessment (**ONLY IF** persistent hypotension or new onset hypotension after fluid administration or initial lactate ≥ 4)

Severe Sepsis Criteria (All within 6 hours)	Septic Shock Criteria (both)
A suspected clinical infection	Criteria met for (or documentation of) Severe Sepsis
2 or more SIRS Criteria	Persistent hypotension or a new onset hypotension in the hour after the conclusion of crystalloid fluids evidenced by <u>two consecutive documented recordings of:</u>
<ul style="list-style-type: none"> <input type="checkbox"/> Temperature > 38.3 C or < 36.0 C (>100.9 F or <96.8F) <input type="checkbox"/> Heart rate (pulse) > 90 <input type="checkbox"/> Respiration > 20 per minute <input type="checkbox"/> White blood cell count > 12,000 or < 4,000 or > 10% bands 	<ul style="list-style-type: none"> <input type="checkbox"/> Systolic blood pressure (SBP) < 90 or <input type="checkbox"/> Mean arterial pressure (MAP) < 65 or <input type="checkbox"/> Systolic blood pressure ↓ of more than 40 mmHg
Organ Dysfunction <u>evidenced by any:</u>	OR
<ul style="list-style-type: none"> <input type="checkbox"/> Systolic blood pressure (SBP) < 90 <input type="checkbox"/> Mean arterial pressure < 65 <input type="checkbox"/> Systolic blood pressure ↓ of more than 40 mmHg <input type="checkbox"/> New need for invasive or non-invasive mechanical ventilation <input type="checkbox"/> Creatinine > 2.0 or urine output < 0.5 mL/kg/hour for 2 consecutive hours <input type="checkbox"/> Total Bilirubin > 2 mg/dL (34.2 mmol/L) <input type="checkbox"/> Platelet count < 100,000 <input type="checkbox"/> INR > 1.5 or aPTT > 60 sec <input type="checkbox"/> Lactate > 2 mmol/L (18.0 mg/dL) 	Tissue hypoperfusion evidenced by initial lactate level result ≥ 4 mmol/L

*3 hours calculated from initial hypotension

**3 hours calculated from initial hypotension or septic shock, whichever is first

Pregnant Patients

Modified parameters are used for identifying clinical signs of sepsis in patients that are at least 20 weeks pregnant or within 3 days post-delivery.

Parameters for Pregnant patients	
Tachypnea	Respiration > 24 per min
Tachycardia, RVR	Heart rate > 110 per min
Leukocytosis	WBC > 15,000
Hypotension	SBP < 85 mmHg or MAP < 65 mmHg
Elevated Temp	Temp ≥ 38 C or < 36.0 C (≥ 100.4 F or < 96.8 F)
Elevated Creatinine	Creatinine > 1.2 mg/dL
Elevated Lactate	Lactate > 2 mmol/L (18.0 mg/dL) (Lactates obtained during active delivery will not be used)

Vasopressors

Any of the vasopressors on the table will satisfy the measure if they are given by IV or IO route. Ensure that the vasopressor name, dose, route, and time of administration are clearly documented.

Vasopressors for Septic Shock (includes trade & generic name)		
Norepinephrine Levophed	Phenylephrine Neosynephrine	Dopamine
Epinephrine Adrenalin	Phenylephrine Vazculep	Vasopressin
Angiotensin II Giapreza		

Repeat Volume Status and Tissue Perfusion Assessment

Can be met with Physician/APN/PA documentation of any of the following:

<div style="background-color: #f4a460; text-align: center; padding: 2px;">Attestation</div> <p>Physician/APN/PA documentation indicating or attesting to performing or completing a physical examination, perfusion (re-perfusion) assessment, sepsis (severe sepsis or septic shock) focused exam, or systems review</p>	OR	<div style="background-color: #f4a460; text-align: center; padding: 2px;">At least 5 of these 8 parameters</div> <ul style="list-style-type: none"> <input type="checkbox"/> Arterial Oxygen Saturation <input type="checkbox"/> Capillary Refill <input type="checkbox"/> Cardiopulmonary Assessment <input type="checkbox"/> Peripheral Pulses <input type="checkbox"/> Shock Index (SI) <input type="checkbox"/> Skin Color or Condition <input type="checkbox"/> Urine Output (UO) <input type="checkbox"/> Vital Signs 	OR	<div style="background-color: #f4a460; text-align: center; padding: 2px;">Any 1 of the following</div> <ul style="list-style-type: none"> <input type="checkbox"/> Central Venous Pressure (CVP) <input type="checkbox"/> Central Venous Oxygen Saturation (ScvO2 or SvO2) <input type="checkbox"/> Echocardiogram (Cardiac echo or cardiac ultrasound) <input type="checkbox"/> Fluid Challenge or Passive Leg Raise
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Crystalloid Fluid Administration

A physician/APN/PA order for less than 30 mL/kg of crystalloid fluids is acceptable for the target ordered volume if all the following criteria were met:

- There is a physician/APN/PA order for the lesser volume of crystalloid fluids as either a specific volume (e.g., 1500 mL) or a weight-based volume (e.g., 25 mL/kg).
- The ordering physician/APN/PA documented within a single note in the medical record all the following:
 - The volume of fluids to be administered as either a specific volume (e.g., 1500 mL) or a weight-based volume (e.g., 25 mL/kg) AND
 - a reason for ordering a volume less than 30 mL/kg of crystalloid fluids

This is a quick reference document - the complete specifications are in the [Specifications Manual](#)