

East Jefferson General Hospital

Documentation Tip: Sepsis

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Sepsis

Sepsis is one of the **most targeted diagnoses** for clinical denials. *Third party auditors often do not use the same criteria as hospitals to substantiate payment of sepsis.*

Consistent documentation, clinical indicators, and resource consumption supportive of sepsis are essential.

Possible Clinical Indicators

- Underlying infection
- Temp > 100.9 or < 96.8
- HR > 90
- RR > 20
- WBC > 12,000 or < 4,000
- Bands > 10%
- SBP < 90
- MAP < 65
- Creatinine > 2
- Bilirubin > 2
- Platelets < 100,000
- Lactic acid > 18
- Lactate > 2
- Elevated procalcitonin
- Urine output < 0.5ml/kg/hr

Treatment

- IV antibiotics
- Aggressive IV fluid hydration
- Supportive measures to maintain organ perfusion/function
- Oxygen
- Vasopressors
- Monitoring of vital signs, organ function, urine output, etc.

Documentation Tips

- Review of Systems needs to reflect patient presentation and symptoms
- Identify possible source of infection
- Link any causative organism. For example, "MRSA sepsis"
- Document any associated acute organ dysfunction, such as "AKI secondary to sepsis"
- After further study, does the patient have clinical indicators, i.e. SOFA criteria and treatment, truly supportive of the diagnosis of sepsis or only localized infection?

Documentation must reflect severity of illness of sepsis.



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