

SEPSIS SPECTRUM - CDI QUICK REFERENCE

Adult Inpatients | CDI / Documentation Framework with Sepsis-3 Clinical Definition Noted

IMPORTANT: This CDI tool uses the traditional documentation spectrum requested below: **infection + SIRS -> sepsis -> severe sepsis -> septic shock**. This is not identical to the Sepsis-3 clinical definition, which defines sepsis as infection with acute organ dysfunction (SOFA increase ≥ 2) and does not retain 'severe sepsis' as a separate clinical stage.

1 SEPSIS

Traditional CDI / SIRS documentation framework

INCLUSION - REQUIRES BOTH:

1. Suspected or documented infection

PLUS

2. SIRS: ≥ 2 criteria

- Temperature $>38^{\circ}\text{C}$ or $<36^{\circ}\text{C}$
- Heart rate $>90/\text{min}$
- Respiratory rate $>20/\text{min}$ OR $\text{PaCO}_2 <32 \text{ mm Hg}$
- WBC $>12,000/\text{mm}^3$, $<4,000/\text{mm}^3$, OR $>10\%$ immature bands

EXCLUDE / DO NOT VALIDATE FROM:

- SIRS without suspected infection
- Infection without systemic response
- SIRS better explained by trauma, surgery, pancreatitis, medications, etc.
- Positive culture/bacteremia alone without the documented syndrome

CDI: If provider documents sepsis but clinical indicators are conflicting, use a compliant clinical-validation query.

2 SEVERE SEPSIS

CDI / ICD-10-CM documentation & coding term

INCLUSION:

Sepsis PLUS acute organ dysfunction/failure attributable to sepsis.

Examples to evaluate in context:

- Acute kidney injury
- Acute respiratory failure / hypoxemia
- Acute encephalopathy / altered mentation
- Hypotension / hypoperfusion
- Coagulopathy / thrombocytopenia
- Acute hepatic dysfunction
- Elevated lactate / metabolic acidosis when clinically linked

EXCLUSION:

- Chronic organ dysfunction without acute worsening
- Acute organ dysfunction clearly due to another condition
- Organ dysfunction present but no documented causal link to sepsis

CDI MUST VERIFY LINKAGE: sepsis + specific acute organ dysfunction + relationship. If unclear -> query provider.

3 SEPTIC SHOCK

Highest severity / circulatory failure

SEPSIS-3 CLINICAL SHOCK CRITERIA:

Sepsis with, despite adequate volume resuscitation:

1. Vasopressors required to maintain MAP $\geq 65 \text{ mm Hg}$ AND
2. Serum lactate $>2 \text{ mmol/L}$ (18 mg/dL)

EXCLUDE / DO NOT AUTOMATICALLY CALL SHOCK FOR:

- Transient hypotension corrected with fluids
- Vasopressors used for another etiology
- Lactate elevation alone
- Cardiogenic, hemorrhagic, obstructive, or other nonseptic shock

CDI: Documentation should explicitly identify septic shock and its relationship to sepsis/infection.

CDI RAPID DECISION FLOW: A Infection suspected/documented? -> B ≥ 2 SIRS criteria? **YES: Sepsis framework supported.** -> C New acute organ dysfunction attributable to sepsis? **YES: Severe sepsis documentation/coding pathway.** -> D Persistent shock meeting vasopressor + lactate criteria after adequate fluids? **YES: Septic shock.**

Clinical-definition caution: Under Sepsis-3, SIRS is not the diagnostic definition of sepsis; clinical sepsis requires infection-associated acute organ dysfunction, operationalized as an acute SOFA increase ≥ 2 . qSOFA is a risk-prompt, not the definition. **Coding caution:** apply current ICD-10-CM Official Guidelines and facility clinical-validation policy; query when documentation and clinical indicators conflict.

Reference framework: Sepsis-3 (SCCM/ESICM, JAMA 2016) and current U.S. ICD-10-CM Official Guidelines for Coding and Reporting.