

## Sepsis Documentation Tips:

The goal of some CDI queries is to appropriately capture Vizient mortality predictors. Sepsis is a focused Vizient review for the CDI team.

### Common Vizient Mortality Predictors:

- ✓ Fluid and electrolyte disorders (dehydration, hypovolemia, hypernatremia, hyponatremia, acidosis, alkalosis, hypokalemia, hyperkalemia and fluid overload)
- ✓ AKI and CKD
- ✓ Thrombocytopenia/coagulation defects/hemolytic anemia
- ✓ Respiratory failure or heart failure (acute/chronic)
- ✓ AMI
- ✓ Shock (septic, cardiogenic, hypovolemic, hemorrhagic)
- ✓ Liver failure and chronic liver disease
- ✓ Cardiac arrhythmias (SVT, PVC, PAC, A-fib/A-flutter, sick sinus syndrome and bradycardia)
- ✓ Protein calorie malnutrition/cachexia/adult failure to thrive/obesity
- ✓ Metastatic cancer
- ✓ Pneumonia (viral or bacterial)
- ✓ Encephalopathy (metabolic, toxic, septic)

\*All predictors (with few exceptions) need to be *Present on Admission*

### **General Tips:**

- **Clearly** and **consistently** document sepsis in the medical record
  - Discuss sepsis in the narrative including supporting clinical indicators/evaluations/treatments
  - Include sepsis on the **Discharge Summary**
  - Bacteremia is **not** synonymous with sepsis
  - Sepsis **Resolved** is **not** interchangeable with Sepsis **Ruled Out**
    - Sepsis **Resolved** = Sepsis treated and resolved during the current admission
    - Sepsis **Ruled Out** = Patient worked up/initially thought to have sepsis but was later ruled out as a diagnosis
  - **“Meets Sepsis Criteria/Sepsis Criteria Met”** does not confirm a diagnosis of sepsis
- Document **Present on Admission** status and **Specific Sepsis/SIRS** criteria met to establish the diagnosis
- Document the **Source/Etiology** of sepsis
  - **Etiology:** Sepsis due to pneumonia
  - **Device Related:** Sepsis due to Catheter Associated UTI (CAUTI)
  - **Postprocedural Related:** Sepsis due to postoperative wound infection

### **Severe Sepsis:**

Sepsis with an associated acute organ dysfunction (cannot be assumed) – use **“due to/related to/associated with”**

**Example:** Acute renal failure due to sepsis | Sepsis with associated respiratory failure

### **Septic Shock:**

Clearly document appropriate clinical indicators to support septic shock. Hypotension is **not** considered shock – please be specific and do not use these terms interchangeably.

**Example:** Severe sepsis with septic shock requiring vasopressors

## Covid-19 Documentation Tips:

The goal of some CDI queries is to appropriately capture Vizient mortality predictors. Covid-19 is a focused Vizient review for the CDI team.

### Common Vizient Mortality Predictors:

- ✓ Fluid and electrolyte disorders (dehydration, hypovolemia, hypernatremia, hyponatremia, acidosis, alkalosis, hypokalemia, hyperkalemia and fluid overload)
- ✓ AKI and CKD
- ✓ Thrombocytopenia, coagulation defect (primary and secondary hypercoagulable state, coagulopathies), anemia
- ✓ Acute/chronic respiratory failure, COPD, viral pneumonia, bacterial pneumonia pulmonary edema
- ✓ Shock (septic shock, hypovolemic, cardiogenic and traumatic shock, other shock, postprocedural shock and shock unspecified)
- ✓ Cardiac arrhythmias (SVT, PVC, PAC, A-fib/A-flutter, sick sinus syndrome and bradycardia), heart failure, AMI
- ✓ Protein calorie malnutrition/cachexia/adult failure to thrive, obesity
- ✓ Metastatic cancer
- ✓ Diabetes Type 1 and Type 2
- ✓ Rheumatoid arthritis, DVT, other thromboembolism, chronic liver disease

\*All predictors (with few exceptions) need to be *Present on Admission*

### **General Tips:**

- **Clearly document a diagnosis of COVID-19 when appropriate**
  - Avoid using uncertain terms such as *possible, probably, likely, suspected* Covid-19 when the diagnosis is confirmed.
- **Document acute respiratory illness due to COVID-19**
  - Pneumonia with specificity
    - Examples: Pneumonia due to Covid-19, Covid-19 pneumonia with superimposed bacterial pneumonia, etc.
  - Acute respiratory failure (specify if hypoxic and/or hypercapnic)
  - Acute respiratory distress syndrome
  - Acute bronchitis and/or asthma or COPD exacerbation
- **Document all associated conditions related to COVID-19 with present on admission status**
  - Sepsis, viral enteritis, viral cardiomyopathy, heart failure, myocardial infarction, shock, acute hepatic failure, viral hepatitis, hepatorenal syndrome, acute renal failure/acute tubular necrosis, pulmonary embolism, DVT and hematological conditions, such as thrombocytopenia and DIC
- **Clearly Document when Covid-19 is a resolved diagnosis**
  - Clearly document when the patient has a history of Covid-19 and the diagnosis is no longer considered active.
- **Clearly Document any post-Covid-19 (sequelae) diagnoses**
  - Clearly link any residual effects of Covid-19
    - Example: Pulmonary embolism due to Covid-19 infection that has resolved.
    - Common post covid 19 sequelae diagnosis: Fatigue, chronic fatigue syndrome, dyspnea, PTSD, myalgia, depression