

# Sepsis

## EMERGENT CONDITION SERIES

Sepsis is a systemic response to an infection with the majority of sepsis cases being due to a bacterial infection. The systemic response is characterized by certain changes in body temperature, heart rate, respiratory rate or arterial blood gases, and white blood cell count. Two or more of these indications and a suspected or known infection are indicative of sepsis.

## ICD-10 CODES

<b>A02.1</b> Salmonella sepsis	<b>A41.53</b> Sepsis due to Serratia
<b>A22.7</b> Anthrax sepsis	<b>A41.54</b> Sepsis due to Acinetobacter baumannii
<b>A26.7</b> Erysipelothrix sepsis	<b>A41.89</b> Other specified sepsis
<b>A32.7</b> Listerial sepsis	<b>A41.9</b> Sepsis, unspecified organism
<b>A40.0</b> Sepsis due to streptococcus, group A	<b>A42.7</b> Actinomycotic sepsis
<b>A40.1</b> Sepsis due to streptococcus, group B	<b>A54.86</b> Gonococcal sepsis
<b>A40.3</b> Sepsis due to Streptococcus pneumoniae	<b>B37.7</b> Candidal sepsis
<b>A40.8</b> Other streptococcal sepsis	<b>R65.10</b> Systemic inflammatory response syndrome (SIRS) of non-infectious origin without acute organ dysfunction
<b>A40.9</b> Streptococcal sepsis, unspecified	<b>R65.11</b> Systemic inflammatory response syndrome (SIRS) of non-infectious origin with acute organ dysfunction
<b>A41.0</b> Sepsis due to Staphylococcus aureus	<b>R65.20</b> Severe sepsis without septic shock
<b>A41.1</b> Sepsis due to other specified staphylococcus	<b>R65.21</b> Severe sepsis with septic shock
<b>A41.2</b> Sepsis due to unspecified staphylococcus	
<b>A41.3</b> Sepsis due to Hemophilus influenzae	
<b>A41.50</b> Gram-negative sepsis, unspecified	
<b>A41.52</b> Sepsis due to Pseudomonas	

**\*\*All conditions in this category are considered emergent.**

## DOCUMENTATION ACRONYMS

### DEEP Diagnosis Elements

Include elements of DEEP in documentation to clinically support sepsis.

**Diagnosis:** Septic pneumonia

**Evidence:** Labs show leukocytosis, hyperglycemia, thrombocytopenia; pneumonia positive on xray, sputum and blood cultures positive for strep

**Evaluation:** Streptococcal sepsis

**Plan:** Continue IV antibiotics and fluids, monitor closely for worsening symptoms

### Final Assessment Details

Include DSP for each addressed condition impacting treatment and patient care.

**Diagnosis:**

#### Sepsis Diagnosis

- Cause if known

**Status:**

#### Active

- Severity
  - With organ dysfunction
  - Without organ dysfunction

**Plan:**

- Admit for IP treatment
- Pharmacological management
- Monitor for organ dysfunction
- Repeat labs
- Bacterial cultures
- Symptom management

### BEST PRACTICES & TIPS

- **Specificity is key!** Always indicate the type of bacteria, the specific organs involved, and use verbiage to solidify the severity of the sepsis.
- When documenting sepsis and its etiology, be sure to document **all compounding confirmed factors** to get a complete picture of the patients' health status.
- DSP should be applied for all diseases **as well as** for sepsis. Status should be apparent by using descriptive words to clarify the presence and severity of the illnesses. (Chronic, acute, symptomatic, mild, severe, newly identified, resolved, uncontrolled, etc.)
- Documentation should **always include DEEP elements** to show clinical evidence for sepsis as well as any contributing conditions. Incorporate tests, imaging, signs and symptoms of each disease and document any and all associated treatments with each corresponding final diagnosis.
- If sepsis was resolved it is **important** to document this as a personal history and not active.
- Confirmation should be found within the documentation representing the **cause and effect** relationship between any bacteria or localized infection that attributed to the presence of sepsis.
- In cases of severe sepsis, any organ failure should be documented showing a **cause and effect** relationship between the sepsis and resulting severity.
- Sepsis should **always be documented with the clinical criteria** used to make the diagnosis. This is a highly scrutinized condition and clinical evidence is always necessary.
- Documentation of septic shock or severe sepsis is **incomplete on its own** and should only be used as secondary descriptors to define the severity of sepsis. The primary sepsis diagnosis is always required and specified with the causing organism.



For more resources go to:

[HIOSCAR.COM/PROVIDERS/RESOURCES](https://HIOSCAR.COM/PROVIDERS/RESOURCES)

