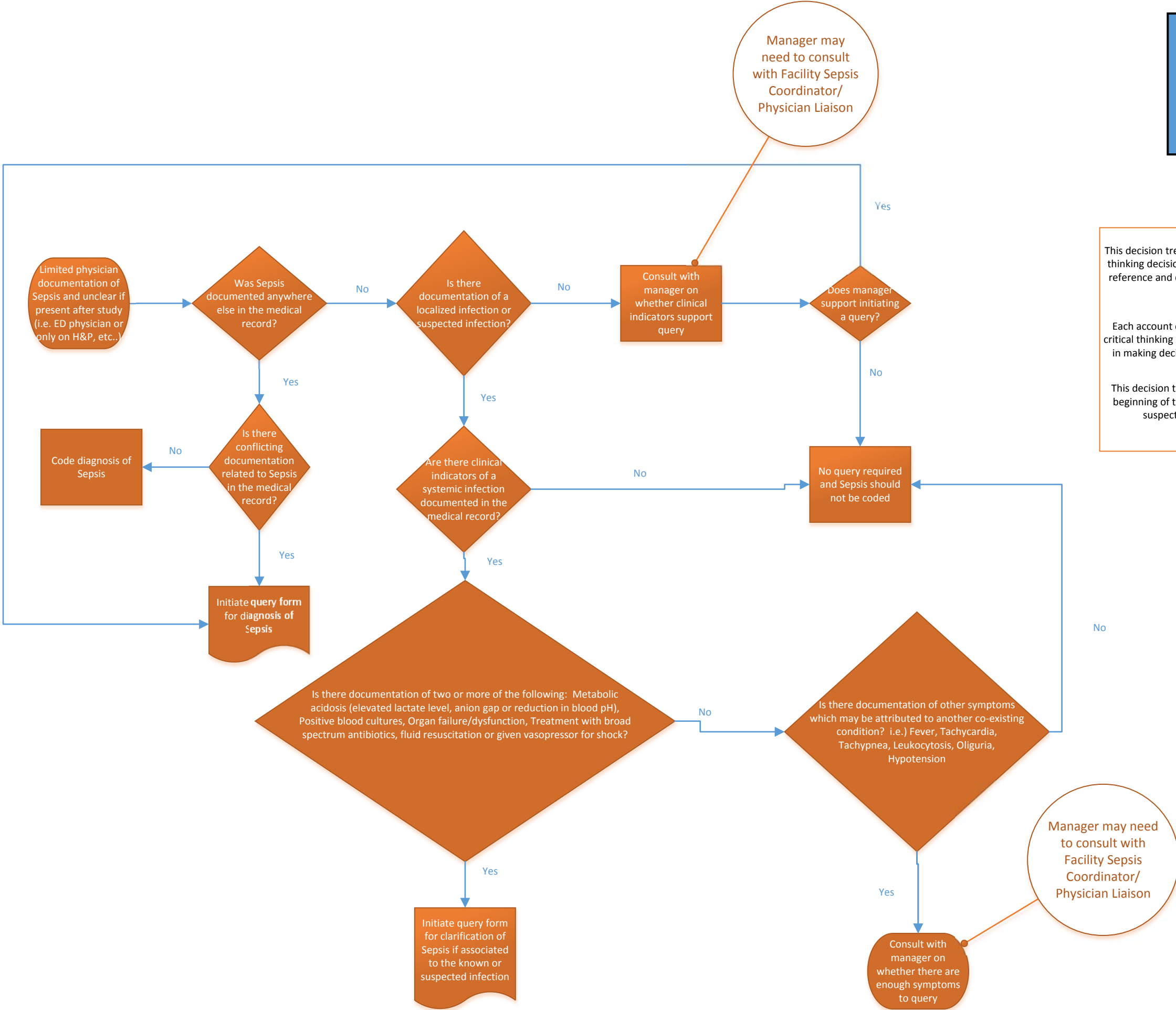# Sepsis Decision Tree

May 2018

This decision tree is being provided as a reference document for coders to use in their critical thinking decision process on when to launch a query for Sepsis. This document is not a final reference and does not take the place of any previously coding published guidance or HCA/ Parallon policies and procedures.

Each account can have clinical and documentation variables. The coder must utilize their critical thinking skills, understanding of the disease process and coding guidelines/convention in making decisions on when there is sufficient documentation to code Sepsis and when a query should be initiated for further clarification.

This decision tree should be utilized when there is limited documentation for Sepsis at the beginning of the patient's stay, there is no continued documentation of Sepsis, or when a suspected Sepsis diagnosis has not been confirmed at the time of discharge.

Manager may need to consult with Facility Sepsis Coordinator/ Physician Liaison

Limited physician documentation of Sepsis and unclear if present after study (i.e. ED physician or only on H&P, etc..)

Was Sepsis documented anywhere else in the medical record?

Is there documentation of a localized infection or suspected infection?

Consult with manager on whether clinical indicators support query

Does manager support initiating a query?

Yes

No

No

No

Is there conflicting documentation related to Sepsis in the medical record?

Yes

Are there clinical indicators of a systemic infection documented in the medical record?

No query required and Sepsis should not be coded

No

No

Code diagnosis of Sepsis

Yes

Yes

Initiate **query form** for diagnosis of Sepsis

Is there documentation of two or more of the following: Metabolic acidosis (elevated lactate level, anion gap or reduction in blood pH), Positive blood cultures, Organ failure/dysfunction, Treatment with broad spectrum antibiotics, fluid resuscitation or given vasopressor for shock?

No

Is there documentation of other symptoms which may be attributed to another co-existing condition? i.e.) Fever, Tachycardia, Tachypnea, Leukocytosis, Oliguria, Hypotension

No

Yes

Initiate query form for clarification of Sepsis if associated to the known or suspected infection

Yes

Consult with manager on whether there are enough symptoms to query

Manager may need to consult with Facility Sepsis Coordinator/ Physician Liaison