Table 1: Definition of Severe Sepsis and Septic Shock

Term	Definition					
Severe sepsis	Sepsis plus one of the following: cardiovascular organ dysfunction OR acute respiratory distress syndrome OR two or more other organ dysfunctions.					
Sepsis	Systemic Inflammatory Response Syndrome (SIRS) in the presence of, or as a					
	result of, suspected or proven infection					
SIRS	The presence of at least two of the following four criteria, one of which must be					
	abnormal temperature or leukocyte count:					
	• Core temperature of > 38.5°C or < 36°C.					
	Tachycardia, defined as a mean heart rate > 2 SD above normal for age in the					
	absence of external stimulus, chronic drugs, or painful stimuli; or otherwise					
	unexplained persistent elevation over a 0.5-to 4-hr time period <b>OR</b> for children					
	<1 yr old: bradycardia, defined as a mean heart rate <10th percentile for age in the change of outernal yard stimulus. 8 blocker drugs, or congenital heart					
	the absence of external vagal stimulus, β-blocker drugs, or congenital heart disease; or otherwise unexplained persistent depression over a 0.5-hr time					
	period.					
	<ul> <li>Mean respiratory rate &gt; 2 SD above normal for age or mechanical ventilation for</li> </ul>					
	an acute process not related to underlying neuromuscular disease or the receipt					
	of general anesthesia.					
	Leukocyte count elevated or depressed for age (not secondary to					
	chemotherapy-induced leukopenia) or > 10% immature neutrophils.					
Infection	A suspected or proven (by positive culture, tissue stain, or polymerase chain					
	reaction test) infection caused by any pathogen OR a clinical syndrome associated					
	with a high probability of infection. Evidence of infection includes positive findings on					
	clinical exam, imaging, or laboratory tests (e.g., white blood cells in a normally sterile					
	body fluid, perforated viscus, chest radiograph consistent with pneumonia, petechial					
_	or purpuric rash, or purpura fulminans).					
Suspected	Infection is suspected when one of the following is documented:					
infection	Orders for antibiotics OR  Additional total and tot					
	Antibiotics administered OR     Orders for wine, bleed or spinel culture OR					
	Orders for urine, blood or spinal culture OR     Uring blood or spinal culture drawn OR					
	<ul> <li>Urine, blood or spinal culture drawn OR</li> <li>Chart notation of:</li> </ul>					
	"Rule out infection" OR					
	"Suspected infection" OR					
	"Rule out sepsis" OR					
	"Suspected sepsis"					
Severe sepsis	Sepsis plus one of the following: cardiovascular organ dysfunction OR acute					
'	respiratory distress syndrome OR two or more other organ dysfunctions.					

Term	Definition					
Organ	Cardiovascular					
dysfunctions	<ul> <li>Despite administration of isotonic intravenous fluid bolus ≥ 40 mL/kg in 1 hour,</li> <li>Decrease in BP (hypotension) &lt; 5th percentile for age or systolic BP &lt; 2 SD below normal for age OR</li> <li>Need for vasoactive drug to maintain BP in normal range (dopamine &gt; 5 μg/kg/min or dobutamine, epinephrine, or norepinephrine at any dose) OR OR</li> </ul>					
	Two of the following:					
	<ul> <li>Unexplained metabolic acidosis: base deficit &gt; 5.0 mEq/L</li> <li>Increased arterial lactate &gt; 2 times upper limit of normal</li> <li>Oliguria: urine output &lt; 0.5 mL/kg/hr</li> <li>Prolonged capillary refill: &gt; 5 seconds</li> <li>Core to peripheral temperature gap &gt; 3°C</li> </ul>					
	Respiratory					
	PaO2/FIO2 < 300 in absence of cyanotic heart disease or preexisting lung disease  OR					
	PaCO2 > 65 torr or 20 mm Hg over baseline PaCO2  OR					
	Proven need or > 50% FIO2 to maintain saturation ≥ 92%  OR					
	Need for non-elective invasive or noninvasive mechanical ventilation					
	Neurologic Glasgow Coma Score ≤ 11  OR					
	Acute change in mental status with a decrease in Glasgow Coma Score ≥ 3 points from abnormal baseline					
	Hematologic					
	Platelet count < 80,000/mm <sup>3</sup> or a decline of 50% in platelet count from highest value recorded over the past 3 days (for chronic hematology/oncology patients)  OR					
	International normalized ratio >2					
	Renal Serum creatinine ≥ 2 times upper limit of normal for age or 2-fold increase in baseline creatinine					
	   Hepatic					
	Total bilirubin ≥ 4 mg/dL (not applicable for newborn)  OR					
	ALT 2 times upper limit of normal for age					
Septic Shock	Sepsis and cardiovascular organ dysfunction					

Table 2: Codes to Identify Severe Sepsis and Septic Shock

Condition Name	ICD-9 Code(s)
Septicemia	038.xx
Streptococcal septicemia Streptococcal septicemia	038.0
Staphylococcal septicemia Staphylococcal septicemia	038.1
Staphylococcal septicemia, unspecified	038.10
Methicillin susceptible Staphylococcus aureus septicemia	038.11
Methicillin resistant Staphylococcus aureus septicemia	038.12
Other staphylococcal septicemia	038.19
Pneumococcal septicemia [Streptococcus pneumoniae septicemia]	038.2
Septicemia due to anaerobes	038.3
Septicemia due to other gram-negative organisms	038.4
Septicemia due to gram-negative organism, unspecified	038.40
Septicemia due to Haemophilus influenzae [H. influenzae]	038.41
Septicemia due to escherichia coli [E. coli]	038.42
Septicemia due to pseudomonas	038.43
Septicemia due to serratia	038.44
Other septicemia due to gram-negative organisms	038.49
Other specified septicemias	038.8
Unspecified septicemia	038.9
Severe sepsis	995.92
Sepsis	995.91
Septicemia [sepsis] of newborn	771.81
Systemic inflammatory response syndrome due to non-infectious process with acute	995.94
organ dysfunction	
Bacteremia	790.7
Septic shock	785.52

Table 3: Definition of Resolution of Severe Sepsis or Septic Shock

Table 3: Definition of Resolution of Severe Sepsis of Septic Shock							
Term	Definition						
Resolution of	For children who are not hypotensive: resolution of tachycardia (see Table 4) AND						
Severe Sepsis or	resolution of any 2 signs of decreased perfusion including:						
Septic Shock	Altered alertness.						
	Delayed capillary refill (>2 seconds).						
	Mottled or cool extremities.						
	Decreased urine output of < 0.5 mL/kg/hour.						
	For children who are hypotensive: resolution of hypotension (see Table 4) PLUS						
	resolution of any 1 of the signs of decreased perfusion including:						
	Altered alertness.						
	Delayed capillary refill (>2 seconds).						
	Mottled or cool extremities.						
	Decreased urine output of < 0.5 mL/kg/hour.						
	Tachycardia (see Table 4)						

Table 4: Age-Specific Vital Signs and Laboratory Variables

Age Group	Tachycardia (Heart Rate: Beats/Min)	Bradycardia (Heart Rate: Beats/Min)	Tachypnea (Respiratory Rate: Breaths/Min)	Abnormal Count (Leukocytes × 10³/mm³)	Hypotension (Systolic BP: mm/Hg)
0 days to 1 week	>180	<100	>50	>34	<65
1 week to 1 month	>180	<100	>40	>19.5 or <5	<75
1 month to 1 year	>180	<90	>34	>17.5 or <5	<100
2 to 5 years	>140	NA	>22	>15.5 or <6	<94
6 to 12 years	>130	NA	>18	>13.5 or <4.5	<105
13 to <18 years	>110	NA	>14	>11 or <4.5	<117

**Note:** lower values for heart rate, leukocyte count, and systolic blood pressure are for the 5th percentile; upper values for heart rate, respiration rate, or leukocyte count are for the 95th percentile.