



**Severe Sepsis and Septic Shock:
Management Bundle
(Composite Measure)
Version 5.17a Review and Updates**

April 1, 2025

Speakers

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Purpose

The purpose of this event is to:

- Clarify the changes and outline the rationale behind the updates to the Sepsis (SEP)-1 measure and guidance in Version (V) 5.17a of the specification manual.
- Respond to frequently asked questions.

Objective

Participants will be able to understand and interpret the guidance in V5.17a of the specification manual to ensure successful reporting of the SEP-1 measure.

Note: V5.17a is effective for January 1, 2025, through December 31, 2025, discharges.

Acronyms and Abbreviations

APN	advance practice nurse	MAR	Medication Administration Record
BiPAP	bilevel positive airway pressure	MD	medical doctor
CBC	complete blood count	MICU	Medical Intensive Care Unit
CCN	CMS Certification Number	mL	milliliter
CKD	chronic kidney disease	NS	normal saline
CMP	comprehensive metabolic profile	OR	Operating Room
CMS	Centers for Medicare & Medicaid Services	PA	physician assistant
c/o	complains of	PC	perinatal care
COV	coronavirus	PDF	Portable Document Format
Dr.	doctor	PHI	Protected Health Information
ED	emergency department	pt	patient
ET	endotracheal tube	Q&A	questions and answers
FAQ	Frequently Asked Question	RNA	ribonucleic acid
FDA	Federal Drug Administration	r/t	related to
HTN	hypertension	SARS	severe acute respiratory syndrome
hr	Hour	SEP	Sepsis
Hx	history	SIRS	systemic inflammatory response syndrome
IBW	Ideal Body Weight	s/s	signs/symptoms
IV	intravenous	V	Version
kg	kilogram		

Webinar Questions Follow-Up

If we do not answer your question during the webinar, please submit your question to the [QualityNet](#) Question and Answer Tool at this link:

https://cmsqualitysupport.servicenowservices.com/qnet_qa

If your question is about a specific slide, please include the slide number.

If you have a question unrelated to this webinar topic, we recommend that you first search for it in the QualityNet Question and Answer Tool. If you do not find an answer, then submit your question to us via the same tool.

Noel Albritton, MSN, RN
Jennifer Witt, RN

Severe Sepsis and Septic Shock: Management Bundle (Composite Measure) V5.17a Review and Updates

Transfer From Another Hospital or ASC **(New Abstraction Guidance V5.17a)**

- Select “No” in the following types of transfers:
 - Acute Hospital Care at Home Program
(unless documented as an outside hospital)

Transfer From Another Hospital or ASC **(Question #1)**

Q. Would you select “Yes” or “No” for the *Transfer From Another Hospital or ASC* data element based only on the documentation below?

“Patient found to meet SIRS criteria and organ dysfunction at our hospital at home program. Decision was made to transfer patient to our MICU.”

A. No.

Transfer From Another Hospital or ASC **(Question #2)**

Q. Would you select “Yes” or “No” for the *Transfer From Another Hospital or ASC* data element based only on the documentation below?

“Patient transferred from prison infirmary.”

A. No.

Transfer From Another Hospital or ASC **Knowledge Check**

Would you select “Yes” or “No” for the *Transfer From Another Hospital or ASC* data element based only on this documentation?

“Patient transferred via ambulance from Mercy Recovery (drug rehab)?”

A. Yes

B. No

Transfer From Another Hospital or ASC **Knowledge Check**

Would you select “Yes” or “No” for the *Transfer From Another Hospital or ASC* data element based only on this documentation?

“Patient transferred via ambulance from Mercy Recovery (drug rehab)?”

A. Yes

B. No

Transfer From Another Hospital or ASC **(Question #3)**

Q. Would you select “Yes” or “No” for the *Transfer From Another Hospital or ASC* data element based only on the documentation below?

“Patient received as a transfer from an outside ED but refused ambulance and arrived via private vehicle.”

A. Yes.

Severe Sepsis Present

(New Abstraction Guidance V5.17a)

- A physician/APN/PA order for an FDA-approved biomarker test for sepsis detection can be considered documentation of suspicion of an infection, regardless of whether the result of the test indicates sepsis.

Severe Sepsis Present

Question #1

Q. Would you use the physician documentation below to meet *Severe Sepsis Present* criteria A (infection)?

02/19/2025 1600

ED MD Order Set: Sepsis Biomarker Test (FDA-approved)

CBC

CMP

Lactic Acid

A. Yes

Severe Sepsis Present

(New Abstraction Guidance V5.17a)

- Select Value “2” if there is physician/APN/PA documentation that coronavirus or COVID-19 is suspected or present. Documentation of COVID-19 or coronavirus qualified with a term synonymous with possible, probable, likely, or suspected is acceptable. Do not use documentation of COVID-19 or coronavirus qualified with a term synonymous with low suspicion, doubt, or unlikely. Do not use the positive and negative qualifier table for COVID-19 documentation.

Severe Sepsis Present (V5.17a FAQ Review)

- **Do not use** documentation that COVID-19 is suspected, or present if there is physician/APN/PA documentation that coronavirus or COVID-19 is not suspected or present within six hours following the initial documentation that coronavirus or COVID-19 is suspected or present.

Example:

ED MD note at 0700:

“Suspect COVID-19 is cause of current respiratory symptoms.”

Admitting MD note at 1115:

“Possible pneumonia, COVID-19 test negative.”

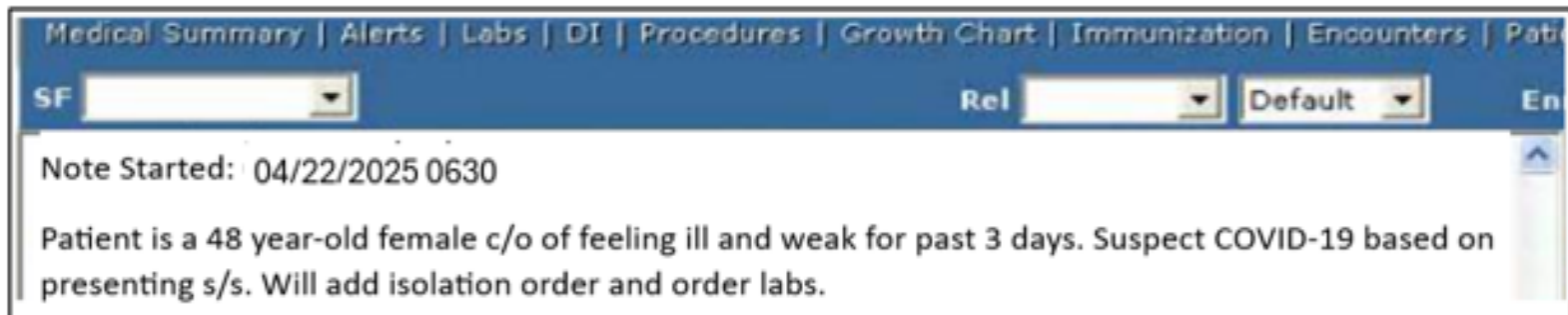
- **Do not use** documentation that COVID-19 is suspected, or present because there is subsequent physician documentation within six hours indicating COVID-19 is not present.

Severe Sepsis Present

Question #2

Q. Would you use the documentation below to select Value “2” (No) for the *Severe Sepsis Present* data element based only on the documentation below?

- Physician documentation:



Medical Summary | Alerts | Labs | DI | Procedures | Growth Chart | Immunization | Encounters | Pati

SF Rel Default En

Note Started: 04/22/2025 0630

Patient is a 48 year-old female c/o of feeling ill and weak for past 3 days. Suspect COVID-19 based on presenting s/s. Will add isolation order and order labs.

- Lab Report 04/22/2025 1130:

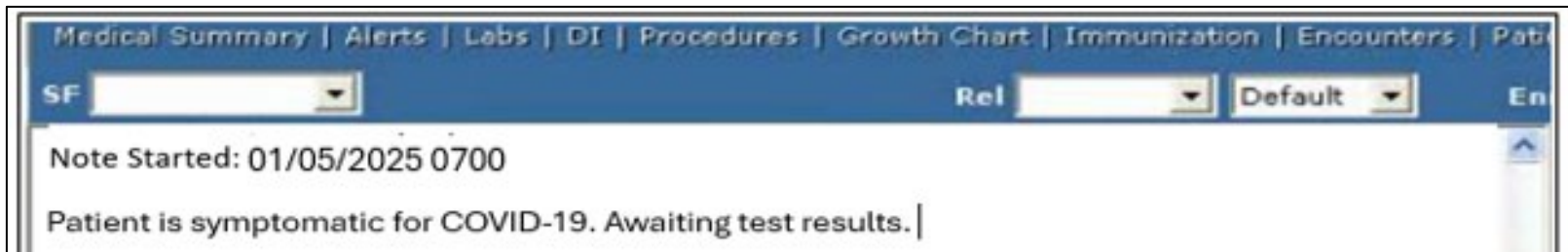
SARS-COV-2 RNA	Negative	Negative	Final
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A. Yes.

Severe Sepsis Present

Question #3

- Q. Would you use the documentation below to select Value “2” (No) for the *Severe Sepsis Present* data element based only on the documentation below?
- ED Physician documentation:



Medical Summary | Alerts | Labs | DI | Procedures | Growth Chart | Immunization | Encounters | Patient

SF Rel Default En

Note Started: 01/05/2025 0700

Patient is symptomatic for COVID-19. Awaiting test results. |

- Lab Results pulled into Hospitalist MD Note 01/05/2025 0930:

SARS-COV-2 RNA	Negative	Negative	Final
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A. No.

Severe Sepsis Present (New Abstraction Guidance V5.17a)

- Use the time when mechanical ventilation was started, the earliest time directly associated with the patient being on mechanical ventilation, or the time when the mechanical ventilation changed from intermittent to continuous.

Severe Sepsis Present

Question #4

Q. What time would you use for mechanical ventilation when establishing organ dysfunction criteria for the *Severe Sepsis Present* data element based only on the documentation below?

- Intubation Flowsheet at 1600: “ET placement”
- Respiratory Therapy Note at 1730: “pt intubated and on a vent”

A. 1730

Severe Sepsis Present

Knowledge Check

Q. Would you use the BiPAP to meet organ dysfunction criteria for the *Severe Sepsis Present* data element if respiratory therapist stated, “Placed on BiPAP at 1500.” and physician documentation at 1630 stated, “BiPAP discontinued”?

A. Yes

B. No

Severe Sepsis Present

Knowledge Check

Q. Would you use the BiPAP to meet organ dysfunction criteria for the *Severe Sepsis Present* data element if respiratory therapist stated, “Placed on BiPAP at 1500.” and physician documentation at 1630 stated, “BiPAP discontinued”?

A. Yes

B. No

Severe Sepsis Present (New Abstraction Guidance V5.17a)

- Use the criterion value if there is conflicting documentation within the same physician/APN/PA documentation indicating SIRS criteria or sign of organ dysfunction is:
 - normal for the patient, due to a chronic condition or medication, or due to an acute condition with a non-infectious source
- AND
- due to or possibly due to an acute condition, acute on chronic condition, infection, severe sepsis, or septic shock

Severe Sepsis Present

Question #5

Q. Would you use the abnormal lactate value to establish organ dysfunction for the *Severe Sepsis Present* data element based only on the physician documentation below?

- Physician documentation:



The screenshot shows a medical note in an EHR system. The note type is "AMA", the division is "Developmental Disability", and the patient is "Discharged". The note text reads: "Pt with lactic acidosis r/t to seizure but is also on metformin."

A. Yes.

Initial Lactate Level Result (New Abstraction Guidance V5.17a)

- Select Value “1” if the initial lactate was obtained in the operating room (OR), in interventional radiology, during cardiopulmonary arrest (code), or during procedural/conscious sedation.

Initial Lactate Level Result (New Abstraction Guidance V5.17a)

- Use the lactate value if there is conflicting documentation within the same physician/APN/PA documentation indicating the elevated lactate is:
 - normal for the patient due to a chronic condition or medication, or due to an acute condition with a non-infectious source

AND

- due to or possibly due to an acute condition, acute on chronic condition, infection, severe sepsis, or septic shock

Initial Hypotension Persistent Hypotension **(New Abstraction Guidance V5.17a)**

- Use the criterion value if there is conflicting documentation within the same physician/APN/PA documentation indicating hypotension is:
 - normal for the patient, due to a chronic condition or medication, or due to an acute condition with a non-infectious source
- AND
- due to or possibly due to an acute condition, acute on chronic condition, infection, severe sepsis, or septic shock.

Example:

“Hypotensive post medications, possibly r/t sepsis.”

In this example, use the hypotensive readings.

Septic Shock Present

(New Abstraction Guidance V5.17a)

- Use the criterion value if there is conflicting documentation within the same physician/APN/PA documentation indicating hypotension is:

- normal for the patient, due to a chronic condition or medication, or due to an acute condition with a non-infectious source

AND

- due to or possibly due to an acute condition, acute on chronic condition, infection, severe sepsis, or septic shock

Example:

“Hypotensive post medications, possibly r/t sepsis.”

In this example, use the hypotensive readings.

Septic Shock Present

Question #1

Q. Would you use *Persistent Hypotension* to meet *Septic Shock Present* clinical criteria based only on the information below?

- *Severe Sepsis Present*: Value “1” (Yes)
- *Severe Sepsis Presentation Time*: 1300
- *Initial Hypotension*: Value “2” (No)
- “Septic shock” was not documented by physician/APN/PA
- Initial lactate value was less than 2
- *Persistent Hypotension*: Value “1” (Yes) based on hypotensive readings at 1330 and 1345.

A. Yes.

Septic Shock Presentation Date (New Abstraction Guidance V5.17a)

- Septic shock identified by severe sepsis present and initial lactate ≥ 4 (*Septic Shock Present* criteria b):
 - Use the later date of either severe sepsis presentation or the initial lactate level result.
 - To determine the date of *the Initial Lactate Level Result* for *Septic Shock Present* criteria, use the following sources in priority order.
 1. Primary source: Lactate result date from lab (Other time stamps intended to identify the result date from the lab are acceptable with a terminology reference such as a policy, key, or legend.)

Septic Shock Presentation Time (New Abstraction Guidance V5.17a)

- Septic shock identified by severe sepsis present and initial lactate ≥ 4 (*Septic Shock Present* criteria b):
 - Use the later time of either severe sepsis presentation or the initial lactate level result.
 - To determine the time of the *Initial Lactate Level Result* for *Septic Shock Present* criteria, use the following sources in priority order.
 1. Primary source: Lactate result time from lab (Other time stamps intended to identify the result time from the lab are acceptable with a terminology reference such as a policy, key, or legend.)

Septic Shock Presentation Date & Septic Shock Presentation Time

Question #1

Q. Which date and time would you use for the *Septic Shock Presentation Date and Time* based on the information below?

- Physician note:
“Pt. met severe sepsis on 04/28/2025 at 1600.”
- Initial lactate result 4.5
 - No “Result Time” from the lab is available
 - Lab report: Verified Time 4/28/2025 1630 for lactate of 4.5
 - Lab Report Legend states: “Verified time stamps indicate the result date and time of labs.”

A. 04/28/2025 at 1630

Crystalloid Fluid Administration

(New Abstraction Guidance V5.17a)

- A physician/APN/PA order for less than 30 mL/kg of crystalloid fluids is acceptable for the target ordered volume if all of the following criteria were met:
 - There is a physician/APN/PA order for the lesser volume of crystalloid fluids as either a specific volume (e.g., 1500 mL) or a weight-based volume (e.g., 25 mL/kg).
 - **There is** physician/APN/PA **documentation** within a single source (e.g., note or order) in the medical record **including** all of the following:
 - The volume of fluids to be administered as either a specific volume (e.g., 1500 mL) or a weight-based volume (e.g., 25 mL/kg).
 - AND a reason for ordering a volume less than 30 mL/kg of crystalloid fluids. Reasons include and are not limited to the following:
 - Concern for fluid overload
 - Heart failure
 - Renal failure
 - Blood pressure responded to lesser volume
 - A portion of the crystalloid fluid volume was administered as colloids (If a portion consisted of colloids, there must be an order and documentation that colloids were started or noted as given.)

Crystalloid Fluid Administration

Question #1

Q. Which volume would you use as the target ordered volume?

Patient weight 60 kg, 30 mL/kg = 1800 mL

Initial Hypotension: 09:00

IV Fluid Order:

09:30: NS 0.9% IV volume 500 mL over 1 hr

Order By: Dr. Smith

Hospitalist APN Note:

11:30: "Pt hypotension resolved after 500 mL"

MAR:

09:35 new bag 500 mL NS, stop time 10:35

A. 500 mL

Crystalloid Fluid Administration

Knowledge Check

Would you use 0 mL as the target ordered volume for the *Crystalloid Fluid Administration* data element based only on this PA statement? “Ordering 0 mL due to overload.”

- A. Yes**
- B. No**

Crystalloid Fluid Administration

Knowledge Check

Would you use 0 mL as the target ordered volume for the *Crystalloid Fluid Administration* data element based only on this PA statement? “Ordering 0 mL due to overload.”

A. Yes

B. No

Crystalloid Fluid Administration **(V5.17a FAQ Review)**

- If there are multiple physician/APN/PA orders for lesser volumes with documented reasons, use the total of the lesser volumes ordered within the specified time of six hours prior through three hours after the triggering event.
- If a lesser volume is ordered and there is physician/APN/PA documentation indicating the target ordered volume is 30 mL/kg within six hours after the lesser volume is ordered, use the 30 mL/kg volume as the target ordered volume.

Crystalloid Fluid Administration

Question #2

Q. Which volume would you use as the target ordered volume?

Patient weight 80 kg, 30 mL/kg = 2400 mL

Septic shock: 15:00

IV Fluid Orders:

13:20: NS 0.9% IV volume 1000 mL over 1 hr

Order Comments: Limit to 1000 mL due to CKD.

15:30: NS 0.9% IV volume 500 mL over 1 hr

MAR:

13:25 new bag 1000 mL NS, stop time 14:25

15:45 new bag 500 mL NS, stop time 16:45

A. 1000 mL

Crystalloid Fluid Administration

Question #3

Q. Which volume would you use as the target ordered volume?

Patient weight 90 kg, 30 mL/kg = 2700 mL

Septic shock: 21:00

IV Fluid Orders:

20:45: NS 0.9% IV volume 500 mL at 1000 mL/hr

21:30: NS 0.9% IV volume 20 mL/kg at 1000 mL/hr

Hospitalist MD Note:

21:30: "Initially ordered 500 mL for hypotension, now with septic shock, adding 20 mL/kg (1800 mL) of NS"

MAR:

20:50 new bag 500 mL NS, stop time 21:20

21:45 new bag 1000 mL NS, stop time 22:45

22:45 new bag 1000 mL NS, stop time 23:33

MAR Comment: Stopped at 23:33 following completion of 800 mL

A. 2300 mL

Crystalloid Fluid Administration

Question #4

Q. Which volume would you use as the target ordered volume?

Patient weight 112 kg, 30 mL/kg = 3360 mL

IBW 75 kg, 30 mL/kg = 2250 mL

Initial hypotension: 18:00

IV Fluid Orders:

18:25: NS 0.9% IV volume 1000 mL over 60 minutes

Order Comments: "Monitoring fluid overload"

Physician note:

19:15: "Bolus sepsis fluids 30 mL/kg per IBW due to obesity."

A. 2250 mL

Crystalloid Fluid Administration

Question #5

Q. Which volume would you use as the target ordered volume?

Patient weight 82 kg, $30 \text{ mL/kg} = 2460 \text{ mL}$

Initial hypotension: 05:20

IV Fluid Orders:

03:15: NS 0.9% IV volume 1000 mL over 60 minutes

Order Comments: "Hx of HTN"

06:15: NS 0.9% IV volume 1500 mL at 1000 mL/hr

ED PA note:

07:45: "Gave 2500 mL IV fluids total with improvement."

A. 2460 mL

Jennifer Witt, RN

Knowledge Check Q&A Review

Transfer From Another Hospital or ASC **Knowledge Check**

Would you select “Yes” or “No” for the *Transfer From Another Hospital or ASC* data element based only on this documentation? “Patient transferred via ambulance from Mercy Recovery (drug rehab).”

A. Yes

B. No

Severe Sepsis Present Knowledge Check

Q. Would you use the BiPAP to meet organ dysfunction criteria for the *Severe Sepsis Present* data element if RT stated, “Placed on BiPAP at 1500.” Also, physician documentation at 1630 stated, “BiPAP discontinued.”

A. Yes

B. No

Crystalloid Fluid Administration

Knowledge Check

Would you use 0 mL as the target ordered volume for the *Crystalloid Fluid Administration* data element based only on this PA statement? “Ordering 0 mL due to overload.”

A. Yes

B. No

Noel Albritton, MSN, RN

Submitting Questions to the QualityNet Question and Answer Tool

Webinar Questions Follow-Up

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Submitting a Question

The screenshot shows the CMS.gov Quality Question and Answer Tool interface. At the top left, the CMS.gov logo and QualityNet are displayed. Navigation links include 'Quality Q&A Tool', 'Ask a Question', 'Browse Program Articles', and 'My Questions'. A 'How to Use this Tool' link is in the top right. The main heading is 'Quality Question and Answer Tool' with the subtitle 'Your one-stop shop for CMS Quality Answers'. A search bar contains the placeholder text 'Search for the answer to your question' and a search icon. Below the search bar are three main action buttons: 'Browse' (with a document icon and subtitle 'View existing articles'), 'My Questions' (with a database icon and subtitle 'Both Old & New Q&A tools'), and 'Ask a Question' (with a question mark icon and subtitle 'Submit a Question to CMS').

- Click **Browse** to search for existing questions and answers.
- Click **Ask a Question** to submit a new question.

Submitting a Question

QualityNet Question and Answer Site

Submit a Question to Our Support Team

* Indicate required field

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Tell us about yourself.

First Name *

Last Name *

Email Address *

Confirm Email Address *

Phone Number

Question Details

Program *

Submitting a Question


Question Details


Program *

Select from the drop down

- ASC - Ambulatory Surgical Centers - Quality Reporting
- BFCC-QIO - Beneficiary and Family Centered Care-Quality Improvement Organization
- DRA HAC - Deficit Reduction Act Hospital-Acquired Conditions
- ESRD QIP - End-Stage Renal Disease -Quality Incentive Program
- HACRP - Hospital-Acquired Condition Reduction Program
- Hospital Compare - Hospital Compare Site Support
- HRRP - Hospital Readmissions Reduction Program
- HVBP - Hospital Value Based Purchasing
- Inpatient - Measures & Data Element Abstraction**
- Inpatient Claims-Based Measures
- IPF - Inpatient Psychiatric Facility
- IQR - Inpatient Quality Reporting
- OQR - Outpatient Quality Reporting
- Overall Hospital Star Ratings
- PCH - Cancer Hosp. Quality Reporting
- PI - Promoting Interoperability
- Public Reporting & Preview Period
- SNF VBP - Skilled Nursing Facility Value-Based Purchasing
- Validation

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 SUBMIT QUESTION

Submitting a Question

The image shows a web form for submitting a question. The form is titled "Question" and "Browse Program Article". It has several fields: "Program" (selected as "Inpatient - Measures & Data Element Abstraction"), "Topic" (with a dropdown menu), "Hospital CCN" (with a text input field containing "#####"), "Reporting Quarter" (with a dropdown menu), "Discharge Period" (with a dropdown menu), "Subject" (with a text input field containing "Limit 160 chars"), and "Please describe your question" (with a text area containing "Enter your question for CMS (limit 4,000 chars)").

A dialog box titled "Select a topic" is open, showing a list of topics. The topics are grouped into folders:

- Inpatient - Measures & Data Element Abstraction**
 - Arrival Date/Time
 - Decision to Admit Date/Time
 - ED Departure Date/Time
 - ED Patient
- Hospital Inpatient - PC-01**
 - Data Submission
 - General Abstraction Guidelines
 - Population and Sampling
- Hospital Inpatient - Sepsis**
 - Administrative Contraindication to Care
 - Blood Culture Collection

An "OK" button is visible at the bottom right of the dialog box.

Submitting a Question

Question Details

Program *

Topic *

Hospital CCN
 6 Digit CMS Certification Number, Numeric only. Format: #####

Reporting Quarter

Discharge Period *

Subject *

Please describe your question *

Noel Albritton, MSN, RN
Jennifer Witt, RN

Question and Answer Session

Continuing Education Approval

This program has been approved for one [continuing education credit](#) for the following boards:

- **National credit**

- Board of Registered Nursing (Provider #16578)

- **Florida-only credit**

- Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling
- Board of Registered Nursing
- Board of Nursing Home Administrators
- Board of Dietetics and Nutrition Practice Council
- Board of Pharmacy

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