PHYSICIAN DOCUMENTATION QUERY
Sepsis

Dr:_______________________________________________________ Date:________________
You have documented sepsis in the _______________________________________________________________.
Treated with: ________________________________________________________________.
In order to accurately reflect the patient’s severity of illness and proper coding assignment please clarify below.

Please check any diagnoses for which you have ordered treatment or for which you are monitoring this patient (check all that apply). Please address all categories.

Clinical Findings:

☐ Sepsis
  ☐ Specify organisms:________
  ☐ Systemic Inflammatory Response Syndrome
    ☐ Due to infectious process:________________________
    ☐ Non-infectious process:________________________
    ☐ Unspecified
  ☐ Septic shock
  ☐ Unable to determine
  ☐ Other:_______________________________________

☐ Severe sepsis
  ☐ Acute organ failure
    ☐ Acute renal failure
    ☐ Acute respiratory failure
    ☐ Acute liver failure
    ☐ Other organ failure:___________________________
  ☐ Bacteremia
    ☐ Due to device, implant or graft
      List device:______________________________
  ☐ Sepsis ruled out

Infectious process
  ☐ Present on admission
  ☐ Not present on admission

Please include your response in the progress notes and discharge summary.

For any questions please contact:_______________________________________ Ext:__________
Physician Signature: X________________________________________ Date:_______ Time:_______

Please place patient label here.