

SEPSIS with POSITIVE BLOOD CULTURES PHYSICIAN QUERY FORM

THIS FORM IS A PERMANENT PART OF THE MEDICAL RECORD

Date: _____

Dear Dr. _____:

**Please return this form by fax to:
XXX-XXX-XXXX**

In responding to this query, please exercise your independent professional judgment. The fact that a question is asked does not imply that any particular answer is desired or expected. We greatly appreciate your clarification on this issue.

Coder's Name: _____ Coder's Phone #: _____

Patient Name: _____

Admit Date: _____ Discharge Date: _____

MR#: _____ Acct #: _____

The medical record reflects the diagnosis of sepsis in the *(medical record location(s))*
_____ and the blood culture shows *(insert organism)* _____.

Please respond to the following question:

Based on the above information, can you identify the known or suspected specific organism responsible for this patient's sepsis?

Yes – [If yes, please document the specific type of organism that was treated and was responsible for the sepsis in the space below and in the medical record (progress notes, dictated report or an addendum to a dictated report).]

PHYSICIAN SIGNATURE

DATE

No- [If no, please initial in or check the box, and sign and date below. This form will need to be maintained with the medical record.]

Unable to determine- [If so, please initial in or check the box, and sign and date below. This form will need to be maintained with the medical record.]

PHYSICIAN SIGNATURE

DATE