Voting

Year/Round	Status	Results	
2008- 1	Voting process is open for this round. End Date :30/06/2008	Yes No Can't Decide Not Voted	0 0 0 14

Year/Round	Status	Results	
2008- 2	Voting process has not started for this round. Start Date :02/06/2008	Yes No Can't Decide Not Voted	0 0 0 14

Year/Round	Status	Results	
2008- 3	Voting process has not started for this round. Start Date :02/09/2008	Yes No Can't Decide Not Voted	0 0 0 14

Comments

23-May-2007 17:57 CET by **Lars Age Johansson**

Septic shock

This would require a Note for mortality coding (Vol 2, section 4.1.11) that R57.2 is not valid for underlying cause coding, and that the case should be classified to Chapter I.

29-May-2007 10:21 CET by **Michael Schopen**

Comment attached to the vote of the user for Round 1 of year 2007. Voted:Yes

An exclusion note is needed at A41.9 and notes "Use additional code..." are needed at O08, T80.2 (instead of T80.1), T81.1.

20-Jun-2007 06:34 CET by **Julie Rust**

Comment attached to the vote of the user for Round 1 of year 2007. Voted:Yes

I will let Olafr comment on Michael's suggestions, as he is the primary author of these changes.

01-Jul-2007 16:50 CET by **Olafr Steinum**

Comment to Round 1

Perhaps it is not absolutely clear in our proposal for Severe sepsis and Septic shock that the intention is that these two terms (and accordingly two codes) are meant as supplementary to a code for Sepsis. It is awkward to have the codes spread out in the classification, but this is the best we can do within the constraints of ICD-10. A better technical solution should be sought in ICD-11 but we (clinicians) cannot wait till ICD-11 to implement specification of sepsis severity.

So, there shall not be an exclusion note at A41.9 but instead an instruction "use additional code...".
Of course Michael is quite right when he points out that "use additional code..." shall also be added at O08, T80.2 (correction: not T80.1) and T81.1
//-olafr-

19-Aug-2007 12:00 CET by **Olafr Steinum**

Comment attached to the vote of the user for Round 2 of year 2007. Voted:Yes

"Yes" with my addition, comment to Round 1

06-Sep-2007 11:09 CET by Michael Schopen

Comment attached to the vote of the user for Round 2 of year 2007. Voted:Can't Decide

After Olafr's clarification we need further expert advice.

10-Sep-2007 09:46 CET by **Robert Jakob**

Comment attached to the vote of the user for Round 2 of year 2007. Voted:Can't Decide

It is debatable whether the most severe stage of a disease that could be assigned to a broad category of the specific chapters, should be assigned to findings. Septic shock NOS would be unspecified sepsis. The proposal might be considered as new asterisk code to be added to any infectious condition. Endotoxic shock and cardiogenic shock may be worth some consideration as well (e.g. dagger). On the other hand, shock per se could be just an asterisk code to be added to the underlying condition thus indicating the severity.
Need for further discussion.

10-Sep-2007 10:37 CET by **Olafr Steinum**

Definitions

We have provided documentation and references. See also my comment to Severe sepsis and my latest reference, an excellent review article which was published 2007:
Nguyen HB, Smith D. Sepsis in the 21th century: recent definitions and therapeutic advances. American Journal of Emergency Medicine (2007) 25, 564-571

11-Sep-2007 04:51 CET by **Donna Pickett**

Comment attached to the vote of the user for Round 2 of year 2007. Voted:Can't Decide

Agree in principle. This should be discussed with proposals 1238 and 1239

02-Apr-2008 06:58 CET by **Julie Rust**

Revised proposal for 2008

Please see attached paper 'Septic shock proposal 2008' for the latest version, incorporating suggestions from the MRG