Systemic Inflammatory Response Syndrome

The following tables outline how to classify possible scenarios that may occur in a patient with systemic inflammatory response syndrome (SIRS).

Table 1   Classification of SIRS: Infectious origin

SIRS	SIRS with specified acute organ failure	SIRS with unspecified acute organ failure	SIRS with shock
Sepsis code (M), (1), (2) or MP/OP **AND** Code for underlying localized infection when documented (1), (2) or MP/OP	Sepsis code (M), (1), (2) or MP/OP **AND** Acute organ failure code(s) (1), (2) or OP **AND** Code for underlying localized infection when documented (1), (2) or MP/OP	Sepsis code (M), (1), (2) or MP/OP **AND** Code for underlying localized infection when documented (1), (2) or MP/OP **AND**	Assign codes from either the second or third column, when applicable **AND** Code for underlying localized infection when documented (1), (2) or MP/OP **AND**
Optional R65.0 Systemic inflammatory response syndrome of infectious origin without organ failure (3) or OP	**Optional** R65.1 Systemic inflammatory response syndrome of infectious origin with acute organ failure (3) or OP	**Mandatory** R65.1 Systemic inflammatory response syndrome of infectious origin with acute organ failure (1), (2) or OP **Note:** R65.1 is mandatory only when the diagnosis is stated as "severe sepsis" or "multi-organ dysfunction syndrome (MODS)" or "multiple organ failure" in the presence of sepsis.	**Mandatory** R57.2 Septic shock (1), (2) or OP
Rationale: SIRS is already inherent in the sepsis code; therefore, assigning R65.0 is optional.	**Rationale:** When the type of acute organ failure is specified in the documentation, each type is coded separately. R65.1 is optional as it does not provide any new information. The presence of SIRS is inherent in the sepsis code and the progression to severe sepsis is indicated by the specific codes for acute organ failure. Sepsis code plus code(s) for acute organ failure equals severe sepsis.	**Rationale:** When acute organ failure is documented but not specified, it is mandatory to assign R65.1 to indicate that this is a case of severe sepsis.	**Rationale:** When septic shock is documented, it is captured as an additional comorbidity. **Note:** Shock in SIRS due to an infectious origin is specifically **septic shock**.

Notes
MP: Main problem.
OP: Other problem.

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Table 2   Classification of SIRS: Non-infectious origin

SIRS	SIRS with specified acute organ failure	SIRS with unspecified acute organ failure	SIRS with shock
Underlying cause code (M), (1), (2) or MP/OP **AND**	Underlying cause code (M), (1), (2) or MP/OP **AND** Acute organ failure code(s) (1), (2) or OP **AND**	Underlying cause code (M), (1), (2) or MP/OP **AND**	When shock is present in non-infectious SIRS, it is mandatory to assign an additional code from category R57 *Shock, not elsewhere classified* as a type (1), (2) or OP. **Note:** R57.2 *Septic shock* is not applicable to non-infectious SIRS.
Mandatory R65.2 Systemic inflammatory response syndrome of noninfectious origin without organ failure (1), (2) or OP	**Mandatory** R65.3 Systemic inflammatory response syndrome of noninfectious origin with acute organ failure (1), (2) or OP	**Mandatory** R65.3 Systemic inflammatory response syndrome of noninfectious origin with acute organ failure (1), (2) or OP	Not applicable

Rationale: Unlike SIRS of an infectious origin, where SIRS is already inherent in the sepsis code, SIRS of a non-infectious origin always requires the addition of R65.2 and R65.3 (mandatory) to identify the presence of SIRS. In a non-infectious cause, SIRS is always a significant comorbidity.

Notes
MP: Main problem.
OP: Other problem.

Additional resources

- Canadian Coding Standards: *Systemic Inflammatory Response Syndrome (SIRS)*
- Canadian Coding Standards: *Septicemia/Sepsis*

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