



Healthcare policy decisions often hinge on public understanding of complex medical concepts. Our Healthcare Defined series provides clear explanations of healthcare terms and frameworks to support informed policy discussions. This resource examines three approaches to defining sepsis that have evolved over three decades.

Understanding Sepsis Definitions

Sepsis-1: The Basic Model (1991)

Sepsis-1 defined sepsis as having a confirmed infection plus at least two warning signs of a widespread body response: fever or low body temperature, heart rate above 90 beats per minute, respiratory rate above 20 breaths per minute, or abnormal white blood cell counts. This definition looked for evidence that infection was causing the body to respond throughout multiple systems. While straightforward to apply, this approach sometimes classified patients with mild conditions as having sepsis simply because they had fever and rapid breathing. The model was widely disregarded as definitions continued to evolve.

Sepsis-2: The Expanded Model (2001)

In 2001, doctors built upon the original model by keeping infection plus body-wide response as the core requirement but adding many additional symptoms for diagnosis. This expanded list - things like confusion, swelling, unexpectedly high blood sugar, and elevated inflammation markers in the blood - gave clinicians more data to recognizing sepsis. The update also created clear categories for different severity levels: basic sepsis, severe sepsis when organs show dysfunction, and septic shock when blood pressure remains critically low despite treatment. This approach captures more cases and has reduced mortality rates. This approach is widely accepted among practicing doctors and other clinicians.

Sepsis-3: The Organ Failure Model (2016)

This 2016 revision fundamentally changed how medicine identifies sepsis by removing inflammation requirements entirely. Sepsis-3 defines sepsis by the presence of an infection causing life-threatening organ dysfunction. Diagnosis requires evidence that infection has increased organ failure scores by at least two points on a standard assessment scale. Healthcare providers are asked to use a simplified bedside screening tool for quick evaluation. This approach focuses on identifying patients most at risk for severe sepsis or septic shock, though research suggests it delays recognition of cases where early treatment could prevent organ damage or loss of life. This approach has been widely adopted as the basis for insurance coverage policies.