Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Sepsis

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Sepsis

Patient Information

Patient Safety Team

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Introduction

Sepsis is a medical emergency and has potential life-changing consequences and high death rate.

If diagnosed early, Sepsis can be treated; however symptoms can be difficult to distinguish.

What causes Sepsis?

Sepsis occurs when the body reacts abnormally to an infection. It is a rare but serious complication of an infection and without quick recognition and timely treatment Sepsis can lead to multiple organ failure, shock and death.

Infections that give rise to Sepsis are common and can include respiratory infections such as pneumonia, urine infections, infected wounds and insect bites.

Who can get Sepsis?

Anyone can develop Sepsis; however there are groups of people who are considered at a higher risk, including:

- Older people (over 75 years) or people who are very frail.
- Children under 1 year old.
- People who have impaired immune systems because of their medical history or illness.
- People taking long-term steroids or immunosuppressant drugs.
- People who have had surgery, or other invasive procedures, in the past 6 weeks.
- People with wounds.
- People being treated for cancer with chemotherapy and people who are 6 weeks post chemotherapy treatment.

What to look out for?

S - Slurred speech or confusion (new or altered)

E - Extreme shivering or muscle pain

P - Passing no urine (in 18 hours or a day)

S - Severe breathlessness

I - “It feels like you are going to die” or “I know something is badly wrong

with me”

S - Skin mottled or discoloured, bluish or pale.

Can Sepsis be treated?

Yes – If Sepsis is recgonised early enough the outlook is good for the vast majoirty of people, therefore it is crucial not to delay seeking medical attention.

Life-saving treatment for Sepsis is relatively straightforward, especially if this is recognised early enough.

How is Sepsis treated?

The Sepsis 6 is commonly referred to when discussing treatment for Sepsis. This is a recommended care bundle referring to medical interventions which, when delivered within a 60 minute timeframe have been observed to improve outcomes for people with Sepsis

These interventions in a hospital setting include:

- Review by a Senior Cinician
- Oxygen therapy, if required

- Blood samples to review organ functions and inflammatory markers, including samples which are cultured in laboratories to observe bacteria growth.
- Intravenous Antibiotics based on the presenting infection.
- Intravenous Fluids, if required
- The monitoring of urine, clinical observations and blood tests.

Admission to intensive care may be needed to care for people with Sepsis or Septic Shock if they are critically unwell.

Septic shock is a serious type of Sepsis in which a person's blood pressure remains very low and their blood circulation stays unstable despite the above medical interventions. This condition would require intensive care and is associated with a very high mortality.

What happens after Sepsis?

The majority of people who have suffered from a Sepsis that is mild or uncomplicated will make a full recovery.

Everyone is different therefore people will recover at different rates. Some people may find their recovery difficult or challenging.

Some patients who have suffered a Severe Sepsis or with complications secondary to Sepsis, may suffer with long-term problems, this is known as Post Sepsis Syndrome (PSS) and may last 6 to 8 months but can go on for years.

Returning to normal life after Sepsis can be very daunting both pysically and psycologically

therefore people may benefit from receiving support.

Speaking to a GP, friends, collegues or charities can help support people and their families.

Charities that can help:

https://sepsistrust.org/

https://sepsisresearch.org.uk/



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