

Patient Information Leaflet Sepsis

SEPSIS IN ADULTS IS A SERIOUS CONDITION

that can initially look like flu, gastroenteritis or a chest infection. Sepsis affects more than 250,000 people every year in the

The UK Septic Trust registered chancy number (England & Wales) 1158943

Seek medical help urgently if you develop any or one of the following:

Slurred speech or confusion

xtreme shivering or muscle pain

assing no urine (in a day)

evere breathlessness

t feels like you're going to die

Skin mottled or discoloured

JUSTASK COULD IT BE SEPSIS?

IT'S A SIMPLE QUESTION, BUT IT COULD SAVE A LIFE



What is Sepsis?

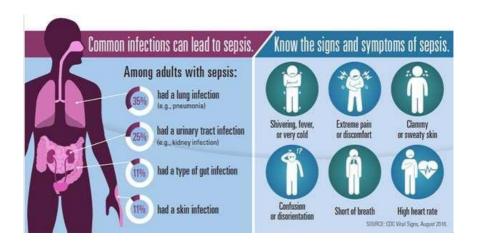
Sepsis was previously known as septicaemia or blood poisoning. It occurs when the body's response to an overwhelming infection starts to cause damage to its own organs and tissues. Usually your immune system responds well to an infection limiting it to one area. However, sometimes the infection still spreads throughout the body and sepsis occurs. The response can cause vital systems in the body to shut down which can be life threatening if not identified and treated quickly. However, if it is identified and treated early, the outcome can be good.

All of us will get an infection at some stage in our lives but most of the time this will not cause sepsis. However, it is important to look for the key signs that show sepsis might be developing and seek help early.

Who is at risk and why?

It is not clear why some people develop sepsis in response to an infection and others don't:

- Possibly the type organism causing infection triggers an aggressive response. Some are more prone to doing this than others.
- If your immune system is weak, if for example you are receiving chemotherapy, on regular steroids or have had an organ transplant surgery, sepsis is more likely to occur.
- Some groups are more at risk of developing sepsis, such as elderly people, pregnant women or those who've recently given birth, children, or those who are diabetic.
- However, ANYONE can develop sepsis, even if you are normally fit and well and it can occur as a complication of ANY infection, even a minor one.



What signs will I have if I have Sepsis?

The majority of people with an infection will not feel well but will improve without developing sepsis.

You may feel as though you have a 'flu-like illness with a high or low temperature, aching muscles and loss of appetite. If this persists for more than 24 hours, get medical advice and ask 'Could this be sepsis?'

If any of the following are present, particularly if you have a higher risk, seek medical advice promptly:

- A cold feeling with marked shivering and shaking
- A racing heart
- Passing urine less frequently
- Excessive drowsiness, feeling confused or feeling restless
- Breathing much faster than normal
- Skin that is mottled or cold and pale or rashes that are patchy or dark
- A feeling that you have 'never felt so bad'

What is the treatment for Sepsis?

Life-saving treatment is relatively simple and if administered quickly can often prevent deterioration. Treatment will include:

- Antibiotics and fluids administered into a vein through a drip
- You may need extra oxygen
- Frequent blood tests and monitoring of your vital signs (such as blood pressure and heart rate) are required to monitor your progress.
- Tests will be performed to find the source of the infection and check the antibiotics being given are the right ones for that infection. Antibiotics are essential for the treatment of sepsis and are monitored to prevent development of resistant germs.

Sepsis can often be safely managed on a ward or high care area of the hospital. However, if there are signs that the vital organs are deteriorating, you may need to be treated in the Critical Care Unit. Here you will be continuously monitored by highly trained doctors and nurses and many other staff. Extra treatment required to keep your organs functioning can be provided, such as drugs to support your blood pressure, breathing and support for your kidneys if necessary.

What problems might I experience as I recover?

Sepsis is a severe condition and recovery back to your usual self will take time. It affects your whole body, so you may experience a wide range of problems, the severity of them being dependent on how bad your sepsis was. This may require some form of rehabilitation which will start in hospital, to rebuild your strength.

As you recover from sepsis:

 You are likely to be very tired and need more sleep and rest than normal.

The RUH, where you matter

- You may feel very weak, have lost your appetite and experience taste changes.
- You have probably lost weight and may find it harder to exercise as much, as you will have lost muscle mass when you were severely ill.
- You may feel more breathless than before. This may be a result of less strength in your breathing muscles or a gradual recovery of your lung function following sepsis.
- You may feel depressed or anxious, particularly if you have required treatment in the Critical Care unit. This is not surprising as you have had a major life event which will take time to recover from.
- Some survivors experience changes such as very dry skin, hair falling out, or it may be difficult to sleep & concentrate on things.

It can feel very frustrating once you are home, all the things you could easily do before can suddenly feel very difficult or frightening. Generally, all of these problems will get better in time, and are a normal response to what you have been through.

Post Sepsis Syndrome

In the majority of cases these problems will resolve completely, but occasionally signs can persist for longer and this is known as Post Sepsis Syndrome (PSS) which usually lasts between 6 and 18 months. If you think this applies to you – seek advice from your doctor, and speak to your relatives for support.

As well as the above signs may include:

- Changes in sensation in limbs
- Insomnia
- Changes in vision
- Short term memory loss, depression, flashbacks & nightmares
- Feeling cold

- Repeated infections
- Anxiety/ poor concentration
- PTSD (Post Traumatic Stress Disorder)

Permanent problems following Sepsis

Some people are left with long term complications, such as permanent damage to the kidneys which will require dialysis and you will be under the care of a specialist team to continue the care. Your GP will receive a letter explaining your treatment and that you have had Sepsis and can arrange further support if needed.

What can I do to help speed up my recovery?

Good nutrition is vital, as your body has lost muscle. A balanced diet will help, supplemented with special nutritional drinks, such as Fortisip which you can get on prescription from your chemist. While you will feel tired and may need more sleep, it is important to keep active. Building up your activity levels and following advice from a Physiotherapist will help you regain your previous abilities.

Rehabilitation starts when you are in hospital, by slowly beginning to move around and look after yourself again and you may be given a rehabilitation plan by the Physiotherapist.

Do discuss your experiences with your family, as this will help recovery as you come to terms with what happened to you. If not, write down what you remember and ask your family to fill in the gaps.

As a relative or friend, what can I do to help?

It can be very upsetting to see your relatives so unwell. Ask the medical or nursing staff questions so that you understand what is happening and what treatment is being given.

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When your relative comes home they will need extra support for several months. They may be anxious and it may help to talk together about what has happened. They may not remember all of it and you can help to put things in place for them. You may all need some support for a while, so take extra help offered from friends and relatives. Take your relative to the GP if necessary.

How can I reduce the risk of Sepsis?

Our hands are the main source of transmission of infection between one another. Frequent handwashing and use of alcohol gel will help reduce this risk as well as good hygiene care of lines and tubes that have been placed in your body.

As a relative or friend, you can also help by avoiding visiting patients recovering from illness if you are suffering from diarrhoea and/or vomiting or have other symptoms of infection yourself.

Where can I go for additional help?

- Medical and nursing staff are always happy to answer any questions you or your relative may have regarding their care.
 Please do ask questions as they arise on the ward or in the Critical Care Unit.
- If you have specific concerns regarding the care you received you can contact the PALS team on 01225 825656.
- UK Sepsis Trust (UKST): www.sepsistrust.org.
 This charity provides support and information to patients and relatives affected by sepsis.

Click on Support.

There is an online peer support group for people affected by sepsis, the group is moderated by the UK Sepsis Trust Support Team Monday-Friday 10-4pm. There is also a face to face support group based in Swindon run by volunteers, it works on peer support which involves people drawing on shared experiences to help each other.

Also a phone call from a Support Nurse can be scheduled Mon-Fri 09:30-16:30 by completing an online form.

Alternatively there is a Freephone helpline number 0808 800 0029.



At the RUH, we have a Sepsis and Kidney Injury Prevention team (SKIP).

If you would like this leaflet in email form, large print, braille or another language, please contact the Patient Support and Complaints team on 01225 825656.

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