

Patient information

Sepsis - Information for adults

What is sepsis?

Sepsis was previously called septicaemia or sometimes blood poisoning. Sometimes infections can lead to germs entering the blood stream, this triggers a reaction in the body which is called sepsis. This reaction to infection can mean the body attacks its own organs and tissues.

A person with an infection can find that their condition worsens very quickly when they develop sepsis. This can be frightening for the individual and their family and friends. A full recovery can be made from sepsis, especially if it is identified and treated quickly.

Who is at risk of developing sepsis?

Anyone can develop sepsis, even those in good health with no long-term illness. People are more likely to develop sepsis after a viral illness such as a cold or following an injury. However, you may be more at risk if you:

- Are very old or very young
- Have a weakened immune system due to treatment for other conditions (i.e. Chemotherapy or long term steroids)
- Have a chronic condition (i.e. COPD, diabetes, heart disease)
- Have wounds (i.e. burns or chronic wounds)
- Have a long term vascular device (PICC line)
- Have long term urinary catheter

Why does Sepsis happen?

Sepsis is caused by the body's response to infection and can be caused by any type of infection such as viral, bacterial, fungal and parasitic. The source of infection may be in a particular area of the body; it may not be obvious and can be widespread.

Sepsis can be caused by:

- A chest infection
- A urine infection
- A problem in your stomach or pelvis
- An infected wound such as a cut or bite

Minor infections are very common, and are often treated at home without the need for hospital treatment. However, some infections develop into sepsis. **Sepsis is a medical emergency and the person affected will require hospital treatment immediately.**

What are the symptoms of Sepsis in an adult?

If a person has an infection for example a wound or chest infection and their condition quickly gets worse, it is important to look out for the following symptoms which may indicate sepsis. Always contact your GP if you have concerns about an infection not improving.

- Sepsis can feel like flu to begin with. One or more of the following symptoms may be present:

- Shivering
- Feeling hot or flushed
- High or Low temperature however some patients may have a temperature that is normal.
- Aching muscles
- Feeling more tired than usual
- Upset stomach (sickness and/or diarrhoea)
- Reduced appetite
- Confusion or slurring words
- Fast heart beat
- Fast breathing or breathlessness
- Passing less or no urine
- Rashes and changes in skin colour (for example, pale or mottled skin)
- The person affected may say that they feel like they are going to die

Always contact your GP if you have concerns about an infection not improving.

Where will I be treated for sepsis?

If you are diagnosed with sepsis, it is important that you receive prompt treatment which would include intravenous (IV) antibiotics (antibiotics which go directly into your vein) and Intravenous (IV) fluids (often called “a drip”). This will most likely need to be done in hospital.

If you are feeling unwell at home and you think it could be sepsis you would need to attend your local Emergency department where your treatment will start, from there you are likely to be transferred to an appropriate ward.

If sepsis develops whilst you are an inpatient, you will be treated on the ward. If your sepsis worsens, you may need to be transferred to the Critical Care Unit.

What should I expect whilst in hospital?

When sepsis is suspected the following investigations and procedures are commonly undertaken:

- Blood Tests: Many blood tests are commonly taken when sepsis is suspected, including a test called a “blood culture”. This is useful as the laboratory can identify what bacteria are making you unwell and suggest the best antibiotics to treat your infection.
- Samples of urine/sputum/stools may also help identify the source of infection, including swabs of infected wounds.
- X-rays and scans (such as chest or abdomen) may also be carried out to help identify a source of infection.
- It is common for an intravenous cannula to be inserted; this will enable you to receive IV antibiotics and IV fluids.
- Sometimes a urinary catheter is inserted; this will help hospital staff to monitor how much urine you are passing
- Intravenous antibiotics (or antiviral or antifungal medication depending on the source of your infection)
- Intravenous fluids
- Pain relief
- Oxygen via a mask or via a tube in your nose.
- Paracetamol to help reduce your temperature if this is high

People react differently when fighting sepsis and not everyone will require the same treatment.

Sepsis can cause problems with your kidneys. This is often called Acute Kidney Injury. If this happens, you will be told and advised of any changes to your treatment including changes to your medications. In most cases your kidney function will improve as you recover.

If you have long term kidney problems, the doctors looking after you will take this into account when making decisions about your treatment.

What should I do before I come into hospital?

It is always really important to bring your medication that you routinely take when you come to hospital; along with any antibiotics or treatments you may have recently been prescribed.

How long will I be in hospital?

This depends on the severity of your condition and how you respond to treatment. Some patients require a number of investigations and longer treatment if they are very unwell. Some patients respond quickly to treatment, which may lead to a rapid recovery resulting in a shorter hospital stay.

Sepsis is a very serious medical condition and sadly, despite the best efforts of clinical staff, not everybody survives sepsis. In certain cases, some people do not respond as expected to treatment and it may be necessary to have a discussion about treatment options and end of life care with yourself, your relatives and loved ones as well as your carers.

What should I expect when I go home?

When you are fit enough to go home you may be discharged with antibiotics or other medications that have been prescribed for you. These medications will be explained and discussed with you prior to discharge by either a nurse or a pharmacist.

You will be sent home with a discharge summary / letter and a copy will be sent to your GP. This will tell your GP that you came to hospital and what you were treated for whilst you were in hospital. You may be asked to attend a hospital clinic or your GP for follow up and to review your recovery progress.

If you should start to feel unwell again when you have been discharged you should make an appointment with your GP. If you are not able to make a timely appointment you can receive medical advice by dialling 111.

If you begin to feel unwell again after you return home and you cannot wait for a GP appointment, call 111 for advice.

If you feel very unwell and feel too unwell to you see your GP you should attend your local Emergency Department. If you are unable to get to the Emergency Department yourself, you should call 999.

Who do I talk to if I have a question?

The ward staff (both doctors and nurses) should be able to answer any questions you have about your condition and will be best placed to give you an update on your progress. The best way for your relatives to get an update on your condition will be to discuss with the nurses during visiting hours or arrange an appointment to discuss your care with one of your doctors.

Sources of information

You can find more information on sepsis by visiting the UK Sepsis Trust website:
www.sepsistrust.org

NHS website has information available to staff, patients and their relatives about Sepsis. Please visit their website - www.nhs.uk/conditions/sepsis/

Important information

The information in this leaflet is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the Patient Experience Team – Tel: (01323) 417400 Ext: 5860 or by email at: esh-tr.patientexperience@nhs.net

Hand hygiene

The Trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats

If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department.

Tel: 01424 755255 Ext: 2620

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

References

Mid Cheshire Hospitals NHS Foundation Trust (June 2017) Sepsis Information Leaflet

The following clinicians have been consulted and agreed this patient information:

The Deteriorating Patient Improvement Group

Document Review Group

The directorate group that have agreed this patient information leaflet:

Document Review Group

Next review date: November 2021

Responsible clinician/author: Emma Jones-Davies - Clinical Improvement Lead

© East Sussex Healthcare NHS Trust – www.esht.nhs.uk