

## Sepsis: information for patients, relatives & carers

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This leaflet explains what sepsis is, how it affects the body, how it is diagnosed and how it is treated.

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### What is sepsis?

Sepsis is a life-threatening condition that arises when the body's response to an infection injures its own tissues and organs. An infection is caused by micro-organisms or "germs" (usually bacteria) invading the body, and can be limited to a particular body region (e.g. a tooth abscess) or can be more widespread in the bloodstream (often called "septicaemia" or "blood poisoning").

Sepsis is a medical emergency, just like heart attacks and or strokes. Patients with sepsis are up to five times more likely to die than patients who have had a heart attack or stroke. Caught early, the outlook is good for the vast majority of patients, but it is vital not to delay seeking medical attention. Sepsis can lead to shock, multi-organ failure and death, especially if not recognised early and treated promptly.

### Who is at risk?

Although everybody is potentially at risk of developing sepsis from minor infections (such as "flu", urinary tract infections, gastroenteritis etc), sepsis is most likely to develop in people who:

- Are either young or very old.
- Have a weakened (compromised) immune system, often because of treatment such as chemotherapy for cancer, or steroids for inflammatory conditions.
- Have wounds or injuries such as those from burns or a car accident.
- Are already in hospital due to another serious illness. Despite the best efforts of medical staff, secondary infections acquired in hospital are always possible.

### Potential sources of infection

Types of infection associated with sepsis are:

- Lung infections (pneumonia).
- Appendicitis.
- Infection of the lining of the digestive system (peritonitis).
- An infection of the bladder, urethra or kidneys (urinary tract infections).
- Post-surgical (after surgery) infections.
- Infections of the nervous system such as meningitis or encephalitis.
- Abscesses.

## Symptoms of sepsis

The symptoms of sepsis may develop as a response to a localised infection or injury. In some cases, symptoms may develop when you are already in hospital, for example if you have recently had surgery.

The symptoms of sepsis usually develop quickly and can include:

- Generally feeling unwell especially following a recent course of chemotherapy (if at home, you need to attend your nearest emergency department (A&E) immediately and state that you are feeling unwell following chemotherapy treatment).
- Extreme shivering and muscle pain.
- Passing no urine (in 18 hours).
- Low blood pressure which may result in feeling dizzy on standing.
- A change in mental alertness such as confusion or disorientation.
- Diarrhoea.
- Cold, clammy and/or mottled / pale skin.
- “I know something is badly wrong with me”.

If you suspect sepsis, you need to seek urgent medical attention. Don't be afraid to say “**I think this might be sepsis**”. Remember, if it doesn't turn out to be sepsis, getting this patient treated even one hour earlier might make the difference between life and death.

## Treatment

If sepsis is detected early enough and has not affected any organ or tissue function, it may be possible to treat the condition at home. If you are given antibiotics for treatment at home, it is really important to complete the course, even if you start to feel better before the tablets are finished.

If you have developed complications, hospital treatment will be required. Treatment of sepsis includes:

- Antibiotics to treat the infection – often there will be no time to wait until a specific type of infection has been identified. Therefore, the initial treatment use what is known as broad spectrum antibiotics. These are designed to work against a wide range of known infectious bacteria and or fungal infections.
- Source control – this means to treat the source of infection, such as an abscess or infected wound. This may require draining pus from the infected tissue. In more serious cases, surgery may be required to remove the infected tissue and repair any damage.
- Fluids – through the intravenous catheter (the “drip”).
- Oxygen.

If vital organs are affected by sepsis, such as your breathing and or blood pressure, it may be necessary to be admitted to the Intensive Care Unit (ICU) for organ support, such as artificial ventilation for the lungs (breathing machine), kidney support (kidney machine) etc while the infection is treated.

Unfortunately, sometimes, despite our best possible care, some patients may not respond to treatment and develop further organ failure and sadly die.

## The Royal Berkshire Hospital Surviving Sepsis Campaign

Sepsis is a complex syndrome and can be difficult to define, diagnose and treat. It is a major cause of death, killing approximately 44,000 patients annually in the UK (that is more than bowel cancer, breast cancer and prostate cancer put together). The rapid diagnosis and management of patients with sepsis is vital to successful treatment. Patients who have developed sepsis could already be critically ill, and will require immediate attention to avoid rapid deterioration; therefore, it is necessary to treat the patient at the same time as confirming the diagnosis.

The RBHSSC is based on the international Surviving Sepsis Campaign and our aim is to:

- Raise awareness, understanding and improve knowledge of all healthcare professionals, patients, relatives and carers.
- Develop tools for early identification and appropriate management of patients with sepsis across the Trust.

## More information

If you have any questions or concerns regarding the information in this leaflet please speak to your doctor or nurse or contact your GP.

Or visit the UK Sepsis Trust website on: [www.sepsistrust.org](http://www.sepsistrust.org)

For more information about the Trust, visit [www.royalberkshire.nhs.uk](http://www.royalberkshire.nhs.uk)

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