

Sepsis: A guide for patients and relatives

Patient Information Leaflet



This leaflet is aimed at providing useful information for those patients with a diagnosis of sepsis. If after reading it, you have any concerns or questions relating to sepsis, please do not hesitate to speak to the team in charge of your care.

What is sepsis?

Sepsis is a serious condition that arises when the body's response to an infection overreacts and begins to injure its own tissues and organs. As many as 245,000 people a year develop sepsis in the UK alone, and for the vast majority the outlook is good. Not all infections will cause a person to develop sepsis but almost any infection can. It is important that we are vigilant and recognise and treat sepsis as early as we can.

Who is at risk?

Everyone is potentially at risk of developing sepsis, but it is more likely in the following groups:

<ul style="list-style-type: none">• Babies under 1 year old
<ul style="list-style-type: none">• Adults over 75 and/or very frail
<ul style="list-style-type: none">• Those with impaired immune systems due to illness or medication
<ul style="list-style-type: none">• Pregnant women, those who have recently given birth or those who have recently had a termination of pregnancy.

What are the symptoms of sepsis?

Symptoms may include any of the following:

- **Slurred speech** or confusion
- **Extreme shivering** or muscle pain
- **Passing no urine** (in a day)
- **Severe breathlessness**
- **It feels like you're going to die**
- **Skin mottled or discoloured** (The UK Sepsis Trust, 2021)

What causes sepsis?

Sepsis results most commonly from a bacterial infection, but on occasions can be due to viral and fungal infections.

Infections leading to sepsis commonly result from:

• Chest infections (pneumonia)
• Urinary tract infections (UTI's)
• Abdomen infections (appendicitis, gall bladder)
• Skin and soft tissue infections (cellulitis, wounds)

How is sepsis diagnosed?

A full clinical assessment is carried out for those showing signs and symptoms of sepsis, including monitoring of vital signs and blood tests. If any of the results are abnormal, they will be discussed with you.

How is sepsis treated?

Prompt administration of antibiotics is the first treatment of sepsis. The sepsis pathway will be started which includes:

• Call for senior help, this may be a doctor or clinical practitioner
• Give oxygen if required
• Send a full set of blood tests
• Give intravenous (IV) antibiotics
• Give IV fluids
• Make a clear plan for ongoing monitoring

In a rare number of cases patients may need to move to a critical care environment for special treatment.

Recovery

Your experience of sepsis may affect you physically and/or emotionally even after discharge from hospital.

Recovery time varies from person to person. For some it may take a few weeks, others it may be longer. Recovery can be affected by factors including age, medical history, length of hospital stay and whether a critical care admission was required.

Common problems following sepsis may include:

Physical	Psychological	Thinking/perception
Fatigue	Low mood/swings	Short term memory difficulties
Infections	Anxiety of being unwell	Lack of concentration
Trouble sleeping	Guilt	Speech problems
Joint pain	Flashbacks	Inability to perform tasks you previously found easy
Muscle weakness	Frustrated/isolated	
Hair loss	Relationship strain	
Dizziness	Loss of confidence	
Headache	Wondering “what if I hadn’t survived”	
Breathlessness		
Poor appetite		

It is important to take your time in getting back to work, study, or activities. You may need to discuss phased return to work/activities with your GP or occupational health team where appropriate to aid your recovery.

When should I seek expert help?

Most symptoms improve with time and appropriate adjustments to daily activities. However, it's advisable to speak to your GP if you are still experiencing the following issues more than a month after hospital discharge:

• Frequent anxiety interfering with your ability to face daily life
• Low mood/depression impacting upon your motivation, opinion of self or thoughts of the future
• Continued poor sleep, nightmares, or flashbacks
• Change in behaviour
• Difficulty carrying out previously 'normal' tasks, or looking after the home and family
• Reliance on unprescribed drugs or alcohol

Do you have any questions?

We hope that this leaflet answered questions you may have and provided useful information. If you have concerns, please talk to the team looking after you and we will get the right person to talk to you.

For further information relating to sepsis please visit the UK Sepsis Trust at:

<https://sepsistrust.org>

Other sources of information:



Once discharged from hospital the patient should discuss any concerns with their GP or seek advice from 111. If they feel particularly unwell they should attend ED or call 999 as appropriate.



Hospital switchboard

Telephone: **01253 300000**

Patient Relations Department

The Patient Relations Department offer impartial advice and deal with any concerns or complaints the Trust receives.



You can contact them via tel: **01253 955589**
or by email: **bfwh.patientrelations@nhs.net**



Further information is available on our website:
www.bfwh.nhs.uk

If you'd like a large print, audio, Braille or a translated version of this booklet then please call: **01253 955520**



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