



Information for  
patients and  
relatives

**SEPSIS**

## About Sepsis

The information in this leaflet is here to provide more understanding for patients, carers and relatives that have been affected by sepsis, to have a better understanding of what it is and how to manage recovery.

## What is Sepsis?

Sepsis is defined as a condition that arises when the body's response to an infection injures its own tissues and organs.

Sepsis is a potentially life-threatening condition and needs to be treated promptly.

It is estimated that as many as 245,000 people develop this condition each year in the UK.

We all encounter many bugs during our lifetime, some of which cause infections. Our body's natural defence systems and immunity fight these infections, frequently without hospital admission. Sepsis can occur when the body's immune system, which normally helps us fight infection, overreacts, causing damage to tissues and organs.

The reasons why some people develop sepsis because of an infection are not entirely understood. There are medical research institutions which are working to understand this better. It is important to note that it is not possible to catch sepsis or pass it onto others.

## What causes Sepsis?

Any type of infection that is anywhere in your body can cause sepsis, an infection occurs when germs enter a person's body and multiply, causing illness and damage to the body's tissues and organs.

Sepsis most commonly develops from a bacterial infection, but it can also develop from both fungal and viral infections, including COVID-19.

Common sites of infection include:

- Chest infections (pneumonia)
- Urinary tract infections
- Abdomen infections (appendicitis, gall bladder infection)
- Skin, soft tissue infections (cellulitis, wound infections)

Anybody can be at risk of sepsis; however, some groups are more vulnerable than others.

Sepsis primarily affects very young children and older adults and is more common in people with underlying health conditions. Pregnant women (before and after birth), also people with diabetes, and those on long term steroids or chemotherapy.

If you recently had an operation or have an existing wound, catheter, or inserted device. These are all people at higher risk.

## How is Sepsis diagnosed?

Sepsis can be difficult to spot as there is no single sign and no single diagnostic test. Symptoms can also present differently in adults and children.

Sepsis is a medical diagnosis and requires a full clinical assessment. A patient who is unwell and has signs or symptoms of an infection should be checked for the presence of sepsis. This will include vital signs monitoring and blood tests. These findings will help health professionals identify people with sepsis and who require prompt medical attention.

## How is Sepsis treated?

Antibiotics and control of the source of infection are priority in treating sepsis because of bacterial infection. Antibiotics will not treat fungal or viral infections. If the source of infection is unknown, then a 'broader spectrum' antibiotic may be used until a source is identified.

As a result of sepsis, some people may require an admission to the Critical Care Unit. Critical Care is where the most unwell patients in a hospital are treated.

You may have needed treatment to support one or more organs which were beginning to fail. This could have been the lungs (perhaps using a ventilator), heart and circulation (drugs to support the blood pressure and heart rate) or kidneys (using a machine to take over your kidney function if you were not passing urine).

## What are the first steps to recovery?

After you have had sepsis, rehabilitation usually starts in the hospital by slowly helping you to move around and look after yourself: bathing, sitting up, standing, walking, taking yourself to the restroom, etc. The purpose of rehabilitation is to restore you back to your previous level of health or as close to it as possible. Begin your rehabilitation by building up your activities slowly, and rest when you are tired.

Not all patients with sepsis are admitted to the Critical Care Unit and the discharge advice you receive will be individual to your needs. The diagnosis of sepsis will be on your discharge letter, and a copy will also be sent to your GP.

Recovery will involve your whole body. Around 40% of people who survive sepsis encounter new physical, cognitive, or psychological problems during their recovery. A large percentage of these people will go on to make a full recovery, but for some it can be about adapting to a new way of life.

## How will I feel when I get home?

You may have been seriously ill, and your body and mind need time to get better. You may experience one or two of the following physical symptoms when at home:

- Fatigue
- Repeated infections

- Trouble sleeping
- Itchy and dry skin
- Brittle hair and hair loss
- Brittle nails and teeth
- Joint pains and muscle weakness
- Dizziness
- Headaches
- Nausea
- Breathlessness
- Poor appetite or a change in taste

Some cognitive problems you may experience:

- Difficulty with short term memory
- Difficulty with concentration
- Problems with speech
- Ability to perform tasks

It is not unusual to have feelings of anxiety, frustration, and anger. Struggling with flashbacks and bad memories along with not caring about yourself, wanting to be alone and avoiding everyday tasks, is not uncommon.

## **What can I do to help myself recover?**

Set small achievable goals for yourself, such as getting dressed every day or having a bath. Rest and rebuild your strength, talk to family and friends about how you feel. Learn about sepsis to understand what happened. Try and eat to build up strength, if you have lost your appetite and sense of taste you might start with small meals and healthy snacks. During your stay you may see the physiotherapist and have been given exercises to do at home. Get a check-up with the G.P, make a list of questions for when you go.

## What is 'normal' and when should I be concerned?

Many people who survive sepsis recover completely. However, for some they might have long term effects that might not become apparent for several weeks (post sepsis). These problems can include:

- Insomnia
- Nightmares
- Panic and hallucinations
- Disabling muscle and joint pain
- Decreased mental function
- Loss of self-esteem and self-belief

If you experience any of these and they do not improve with time and you are finding it difficult to cope, call your doctor, they will have follow up services or will know if there are local resources or support services available.

People who have had sepsis understandably worry about it recurring. Evidence suggests that for a period during recovery some people can be more prone to getting further infections, and therefore are at increased risk of sepsis. If it does recur, it would normally be a consequence of a new infection. This may develop in a similar part of the body that caused the first episode of sepsis.

## Contact details.

Should you require further advice or information please contact:

Sepsis team:

Email: [sepsis.team@lthtr.nhs.uk](mailto:sepsis.team@lthtr.nhs.uk)

Phone: 01772 524014.

Please leave your name, ward and contact number and we will get back to you as soon as possible.

## Help and sources of further information.

[www.lancsteachinghospitals.nhs.uk](http://www.lancsteachinghospitals.nhs.uk)

[www.nhs.uk](http://www.nhs.uk)

[www.patient.co.uk](http://www.patient.co.uk)

[www.accessable.co.uk](http://www.accessable.co.uk)

Contact the UK Sepsis Trust, who can provide information via websites or through the helplines. <https://sepsistrust.org/>

The UK Sepsis Trust also run local support groups in some areas, information for these are on the website or via local contacts.

Helpful websites include NHS.UK [www.nhs.uk/](http://www.nhs.uk/)

Sepsis Alliance.

<https://www.sepsis.org/education/resources/coronavirus-covid-19/>

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If you want to stop smoking, you can also contact the Quit Squad Freephone 0800 328 6297.

Please ask if you would like help in understanding this information. This information can be made available in large print and in other languages.

**Gujarati:**

આ માહિતીને સમજવામાં સહાયતા જોઈતી હોય તો કૃપા કરીને પૂછો. આ માહિતી મોટા છપાણામાં અને અન્ય ભાષામાં ઉપલબ્ધ કરી શકાય છે.

**Romanian:**

Vă rugăm să întrebați dacă aveți nevoie de ajutor pentru înțelegerea acestor informații. Aceste informații pot fi puse la dispoziție în format mare și în alte limbi.”

**Polish:**

Poinformuj nas, jeśli potrzebna jest ci pomoc w zrozumieniu tych informacji. Informacje te można również udostępnić dużym drukiem oraz w innych językach

**Punjabi:**

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਸਮਝਣ ਵੱਲੋਂ ਮਦਦ ਲੈਣੀ ਚਾਹੋਗੇ ਤਾਂ ਕਰਿਪਾ ਕਰਕੇ ਇਸ ਬਾਰੇ ਪੁੱਛੋ। ਇਹ ਜਾਣਕਾਰੀ ਵੱਡੇ ਪ੍ਰਿੰਟ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵੱਲੋਂ ਮੁਹੱਈਆ ਕੀਤੀ ਜਾ ਸਕਦੀ ਹੈ।

**Urdu:**

دوسری زبانوں اور ریڑی اگر آپ کوہی معلومات سمجھنے کے لیے مدد کی ضرورت ہے تو  
یچھیہیا جس یبہابی دست ہو یسکت ہے براے مہر یبان پو ریچھدی۔ معلومات

**Arabic:**

مطبوعه بأحرف كبيرة وبلغات إذا كنت تريد مساعدة في فهم هذه المعلومات يُرجى أن تطلب  
أخرى يمكن تو فير هذه المعلومات

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**Division:** Diagnostics and Clinical Support

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