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The evidence used in the preparation of this leaflet is available on request. Please email [patient.information@salisbury.nhs.uk](mailto:patient.information@salisbury.nhs.uk) if you would like a reference list.

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# information

# Sepsis

Salisbury NHS Foundation Trust

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Surviving sepsis can be very stressful for patients and their families. The Critical Care Outreach Team (CCOT) will follow you up on the ward to ensure you continue to make good progress and aid in the transition from ICU to being cared for on a general ward.

## Further information

If you would like more information about sepsis the following websites may be useful:

[www.sepsistrust.org](http://www.sepsistrust.org)

[www.nfsuk.org.uk](http://www.nfsuk.org.uk)

If you have any of the above signs and symptoms you will hopefully be in hospital where these signs and symptoms will be recognised as severe sepsis. You might need to go to the intensive care unit and receive one-to-one nursing and expert support to help your vital organs recover. Sometimes this means taking over your breathing with a ventilator or putting you onto a kidney dialysis machine until your body begins to recover. You will be given extra fluid into your veins and drugs to improve your blood pressure.

## Surviving sepsis

Many people make a good recovery from sepsis and return to their normal or near normal state of health. However sepsis can leave some patients with ongoing health problems such as:

- **kidneys** – may need dialysis for some time
- **the heart** – ongoing problems leading to breathlessness
- **the brain** – if it didn't get enough oxygen you may be confused or find it difficult to concentrate or remember things
- **the lungs** – may be damaged leading to long term breathing problems.

Many patients who have survived sepsis may suffer from anxiety or depression. In some extreme cases people may suffer from post-traumatic stress disorder (PTSD).

If you have been in the intensive care unit at Salisbury District Hospital we will see you as an outpatient. You will have the opportunity to speak to the nurses and doctors who cared for you.

## What is sepsis?

Sepsis was previously known as septicemia or blood poisoning.

Sepsis happens as the result of the body's reaction to infection, causing your body to attack its own organs and tissues.

Sepsis is the primary cause of death from infection worldwide, with over 18 million cases per year. In the UK at least 100,000 people each year suffer from sepsis.

## Why does sepsis happen?

The condition is caused by the way the body responds to germs, such as bacteria, getting into your body. The most common causes are:

- a chest infection causing pneumonia
- a urine infection in the bladder
- a wound infection
- a skin infection
- an infected cut or bite
- a problem in the abdomen, such as a burst ulcer or a hole in the bowel.

Many bacteria can cause sepsis, for example E.coli, MRSA, and streptococcus. Most cases of sepsis are caused by common bacteria which we come into contact with every day that normally don't make us ill. Sometimes though our body responds abnormally to these infections and causes sepsis.

## Different types of sepsis

Many people with an infection can suffer from mild sepsis. They will feel unwell but will probably recover with antibiotics and treatment from their GP.

However other people develop severe sepsis and will become very unwell and need hospital treatment urgently.

## Who is at risk of getting severe sepsis?

Sepsis isn't fussy and can strike those in good health and who have no long-term illness. You are more likely to develop severe sepsis after a viral illness such as a cold.

However some groups of people are more likely to develop severe sepsis, if you:

- are very young or old
- are on long term steroids or cancer treatment
- are malnourished
- have serious liver disease
- have problems with your immune system
- have an infection or complication after surgery
- are pregnant or have just given birth.

## What does sepsis do to your body?

To begin with you may have flu-like symptoms:

- cold and shivery
- feel hot and look flushed
- have a high temperature

- have aching muscles
- feel very tired
- have sickness and/or diarrhoea
- lack any appetite
- are confused
- have slurred speech.

As your condition worsens so do your vital signs:

- your blood pressure may drop
- your heart tries to help by beating faster
- you will breathe faster
- your skin may become cold, especially your hands and feet
- you may have a rash or mottled skin
- your skin may become very flushed.

The drop in your blood pressure means that your organs have not got enough blood and oxygen. The cells within these organs begin to fail, reducing organ function. The kidneys, lungs, brain and heart are particularly at risk from this.

You will not have passed much urine at this point, and you may be finding it difficult to breathe. Sometimes people can become delirious and slip into unconsciousness. Fluid can leak out of your cells and you may swell up from the extra fluid.