

Sepsis Clinical Care Standard

Information for people with sepsis and their families

This leaflet provides information about sepsis and what it means for care and recovery. It is written for adults who are being treated for sepsis in hospital.



What is sepsis?

Sepsis arises when the body responds to an infection by damaging its own organs and tissues. Sepsis can cause:

- Damage to the blood vessels, heart, kidneys, lungs and liver
- Amputation (limb loss)
- Permanent disability
- Death.

Septic shock is the most serious form of sepsis.

Sepsis is a time-critical medical emergency. Fast recognition and rapid treatment save lives.

Who can get sepsis?

Any kind of infection can lead to sepsis, including bacterial, viral and fungal infections. Anyone can get sepsis, but high-risk groups include:

- Newborns and young children
- Older people
- Aboriginal and Torres Strait Islander people
- People with complex health conditions
- People with COVID-19
- People with poor immune systems
- Women who are pregnant or have just given birth
- People being treated for cancer with chemotherapy

- People with burns, wounds or injuries
- Patients with indwelling devices such as a catheter
- People who have just had surgery or another procedure
- People who have previously been diagnosed with sepsis.

What are the signs and symptoms of sepsis?

Some of the signs and symptoms of sepsis can appear similar to common infections, such as flu, or stomach, urinary or chest infections. Common signs in adults are listed below. Many signs may be mild, and not all the signs may be present.

Signs of sepsis in adults

- Fast breathing or breathlessness
- Fever and chills
- Low body temperature
- Low or no urine output
- Fast heartbeat
- Nausea and vomiting
- Diarrhoea
- Fatigue, confusion or sleepiness
- A lot of pain or 'feeling worse than ever'

Could it be sepsis?

When someone has sepsis, they often feel they are very sick and getting worse, in a way that is different to usual illness. This may be after an infection or when there is no improvement in symptoms despite medical treatment.

If the unwell person is your child or parent, partner or other family member – your concern is an important sign. This concern should be taken seriously, as you know your family member best.

Sepsis can be difficult to recognise, even by doctors. If you or a family member has any of these signs and symptoms, it's important to ask: 'Could it be sepsis?'

This can create the urgency needed to ensure rapid assessment.

What care should I expect while I am in hospital?

If you have signs and symptoms of sepsis, your healthcare team will observe you, perform physical checks such as taking your temperature and blood pressure, and do blood tests. These tests can help them understand your condition, but there is no single laboratory test for sepsis.

If sepsis is suspected, the clinical team will:

- Immediately take samples for blood cultures to test for infections in the blood
- Start antimicrobials (usually antibiotics) immediately, ideally within one hour
- Give fluids and other medicines urgently
- Monitor response to treatment
- Consult with other clinicians who are experienced in recognising and managing sepsis
- Arrange for transfer to a different hospital or ward, the intensive care unit or a different healthcare service, if required.

Care for a person with sepsis depends on the severity of their illness. Some people may require a longer hospital stay, especially if they have 'septic shock'. This could include time in the intensive care unit.

Your healthcare team should talk to you about:

- What a diagnosis of sepsis means for you, including the possible risks
- Plans for your treatment during the hospital stay
- The healthcare team who will be involved in your care, including the sepsis coordinator if there is one in your hospital

- What to expect as you recover in hospital after the initial critical care for sepsis
- How you can increase the level of care whenever you are concerned.

Let your healthcare team know if you need a translator or interpreter. They can help to arrange this.

Remember that you and your family should be informed about your treatment options and involved in decisions about your care.

Dealing with a complex health issue such as sepsis can be stressful and challenging. Let your healthcare team know if you or a family member feel as though they need some support – for example, from a social worker.

What care should I expect at discharge and following discharge?

Before your discharge from hospital, you should expect clear communication from the healthcare team about:

- Your recovery from sepsis – what it will be like and how long it will take
- The need for infection prevention, and basic measures to prevent infection or sepsis coming back
- The signs that your condition is getting worse and what to do if you are concerned
- What you can do to best support your health after discharge
- The medicines you need to use after discharge, including
 - why you need the medicines
 - how to use them correctly
 - how long you need to take them
 - potential side effects
- Potential long-lasting effects of sepsis and the type of treatments you may need after you leave hospital
- Recovery goals and clear instructions about follow-up with healthcare professionals after discharge from hospital.

Leaving hospital is not the end of the journey. Depending on your situation, you may need support from a range of healthcare professionals to get back to the level of physical and mental wellness you had before your sepsis diagnosis. These can include:

- Physiotherapists
- Occupational therapists
- Neuropsychologists or cognitive behavioural therapists
- Speech pathologists
- Dietitians
- One or more specialist doctors.

On discharge, the healthcare team will give you a discharge summary containing important information about the care you received in hospital and the care you will need afterwards, including your medicines and required appointments. The hospital should also send a copy to your general practitioner (GP). Make an appointment to see your GP soon after you leave hospital. Take a copy of your discharge summary to the GP, in case they have not received it.

Post-sepsis health complications

Sepsis can affect many organs in your body and affects everyone differently.

Many people who survive sepsis experience a full recovery and return to everyday life. However, recovery and returning to your usual daily activities take time.

Some people experience long-lasting physical, mental and cognitive effects, which can last up to two years or even longer after being treated for sepsis. This is called 'post-sepsis syndrome'.

Some of the possible long-lasting complications of sepsis are shown below.

Post-sepsis syndrome

Physical signs and symptoms

- Extreme fatigue and chronic pain
- Poor mobility, and disabling muscle and joint pain
- Breathing difficulties
- Impaired organ function (for example, heart, kidney or liver impairment)
- Repeated infections
- Nutritional/diet impairment
- Vision or speech problems
- Skin, hair, teeth and nail problems
- Insomnia

Psychological and emotional symptoms

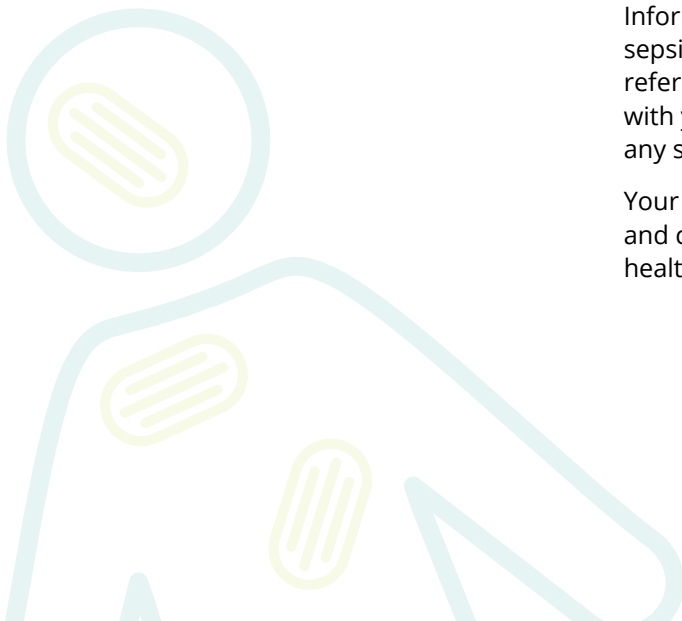
- Anxiety
- Depression
- Loss of self-esteem
- Vivid dreams
- Hallucinations
- Panic attacks
- Poor concentration and memory loss
- Decreased mental or cognitive functioning
- Mood swings

Many sepsis survivors also report symptoms of post-traumatic stress disorder (PTSD).

Sepsis survivors who experience these symptoms of post-sepsis syndrome need additional support and sometimes rehabilitation to help their road to recovery. This includes both during the hospital stay and after discharge.

Information about the possible ongoing effects of sepsis on your health should be included in a discharge referral letter to your GP. Provide this letter to your GP with your discharge summary and remember to discuss any symptoms or issues that you have.

Your GP can help you to manage post-sepsis syndrome and can refer you to other medical specialists and healthcare providers, if necessary.



Preventing sepsis in the future

Sepsis survivors have an increased risk of having sepsis again. This is thought to be due to damage to the immune system caused by sepsis. Infections cause sepsis, so it is essential to avoid infections to reduce the risk of having sepsis again.

To reduce the risk of infections (and sepsis):

- Keep up to date with vaccinations to prevent infections; this includes vaccinations against COVID-19 (your GP will advise you when to have other vaccinations according to your age, or for travel requirements)
- Practise a healthy lifestyle and take care with basic hygiene measures, such as washing your hands regularly with soap and water and using hand sanitiser
- Pay close attention to insect bites and skin injuries, and see a doctor if they are not healing, or become red, hot or inflamed
- In case of infections, make sure you visit your GP and take the required antimicrobials as directed
- Let your healthcare provider know of your past sepsis diagnosis if you go to hospital or see a doctor
- Be aware of the early symptoms of sepsis, and do not hesitate to call an ambulance if you are concerned about sepsis. Just ask: 'Could it be sepsis?'. Early treatment saves lives.

What resources are available to support me or my family or carer following discharge?

Leaving hospital after sepsis is a big step. You and your family may need support from allied health professionals to adjust, depending on how you have been affected by sepsis. Recovering from sepsis can be difficult and stressful. The healthcare service should give you information about getting emotional and psychological support, including social work services and counselling.

Participation in peer support or advocacy groups may help support your recovery following sepsis. In these groups, members share their experiences, relate to others who have been through a similar experience, and provide practical help to each other. Peer support groups include (please note that no specific group is being recommended, and choice is at the discretion of the patients, carers or families):

- [Australian Sepsis Network](#)
- [Australia & NZ Sepsis Support Group](#)
- [Maddy Jones Foundation](#) (Queensland)
- [Mandy and Rod McCracken](#) (Victoria)
- [Movement For Mia](#) (Queensland – children)
- [Reaching 4 Korina](#) (New South Wales)
- [Renovating Matthew](#) (Queensland)
- [Sepsis Awareness Tasmania](#)
- [T 4 Thomas](#) (Northern Territory).

In case of limb amputation:

- [Amputee & Families Support Group Queensland](#)
- [Amputees in Touch, South Australia](#)
- [Amputees NSW](#)
- [Limbs4Life](#).

More information about sepsis

- [Australian Sepsis Network](#)
- [Clinical Excellence Queensland – Sepsis](#)
- [Global Sepsis Alliance](#)
- [National Sepsis Program](#)
- [New South Wales Clinical Excellence Commission – SEPSIS KILLS Program](#)

Questions?

The *Sepsis Clinical Care Standard* provides guidance to clinicians and healthcare services, and information for patients about the care they can expect to receive if they have sepsis.



Find out more about the *Sepsis Clinical Care Standard* and other resources. Scan the QR code or use the link safetyandquality.gov.au/sepsis-consumer.

Sepsis discharge checklist and discussion guide – for patients

When you are discharged from hospital after treatment for sepsis, it is important that you and your family receive information about sepsis and

your ongoing needs. The list below can help you have discussions with your healthcare team and ask questions if you need to.

Item	Yes	Note
You and your healthcare team should discuss		
The diagnosis of sepsis, and the nature and length of sepsis recovery	<input type="checkbox"/>	<input type="text"/>
Specific follow-up appointments and referrals	<input type="checkbox"/>	<input type="text"/>
Post-sepsis syndrome, including its signs and symptoms	<input type="checkbox"/>	<input type="text"/>
Possible complications to watch out for and what to do if they occur	<input type="checkbox"/>	<input type="text"/>
Current restrictions (for example, physical, diet)	<input type="checkbox"/>	<input type="text"/>
Ways to reduce the risk of infection and future sepsis episodes, including necessary vaccinations	<input type="checkbox"/>	<input type="text"/>
Introduction and referral to social work services	<input type="checkbox"/>	<input type="text"/>
Introduction and referral to peer sepsis support groups	<input type="checkbox"/>	<input type="text"/>
Communicating your care to your GP or clinic		
<ul style="list-style-type: none"> The healthcare team should contact your GP or clinic If you do not have a regular GP or clinic, your healthcare team should have identified a GP, clinic or Aboriginal health worker for you. Their name and contact details should be provided to you 	<input type="checkbox"/>	<input type="text"/>
You should receive		
Information on the medicines you need to take, including changes to medicines you were using before admission: <ul style="list-style-type: none"> The medicine name, dose, frequency and how to use Medicines required to manage pain, and anything else you can do 	<input type="checkbox"/>	<input type="text"/>
A copy of your discharge summary, including the following sections: <ul style="list-style-type: none"> Diagnosis of sepsis and type of infection Management plan Medicines list Follow-up appointments and referrals Name and contact details of someone you can contact at the hospital about your sepsis care (that is, the lead doctor or nurse who organised the care that was provided in hospital) 	<input type="checkbox"/>	<input type="text"/>
Discharge letter to your GP about your sepsis diagnosis and potential post-sepsis health problems	<input type="checkbox"/>	<input type="text"/>

Adapted from the Post Sepsis Discharge Checklist in *Life After Sepsis: A guide for survivors, carers and bereaved families* (Australian Sepsis Network).