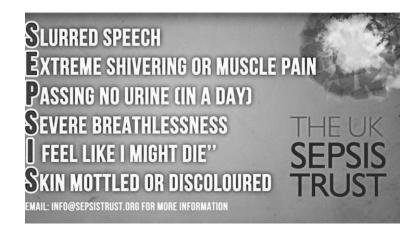
The Royal Wolverhampton

Sepsis: information for patients, relatives and carers



Introduction

Every 3.5 seconds someone in the world dies of sepsis. It kills five people every hour in the UK. 52000 people die every year in the UK from Sepsis (that is more deaths than breast, bowel and prostate cancer put together). Sepsis can move from a mild illness to a serious one very quickly, which is very frightening. This booklet is for patients and relatives and it explains sepsis and its causes, the treatment needed and what might help after having sepsis. If a patient cannot read this booklet for him or herself, it may be helpful for relatives to read it. This will help them to understand what the patient is going through and they will be more able to support them as they recover.

What is Sepsis?

Sepsis was previously known as septicaemia or blood poisoning. Sepsis is the body's reaction to an infection and means your body attacks its own organs and tissues.

The prevention of infection is a major priority in all healthcare and everyone has a part to play.

- Please decontaminate your hands frequently for 20 seconds using soap and water or alcohol gel if available
- If you have symptoms of diarrhoea and/or vomiting, cough or other respiratory symptoms, a temperature or any loss of taste or smell please do not visit the hospital or any other care facility and seek advice from 111
- Keep the environment clean and tidy
- Let's work together to keep infections out of our hospitals and care homes.

Why does sepsis happen?

The condition is caused by the way the body responds to micro-organisms such as bacteria, getting into your body. This infection may have started anywhere in your body. The infection may be only in one part of your body, or it may be widespread. It may have been from:

- A chest infection causing swelling of lung tissue
- A urine infection in the bladder
- A problem in the abdomen, such as a burst ulcer or a hole in the bowel
- An infected cut or bite
- A wound.

Sepsis can be caused by a huge variety of different bacteria – some of these you might have heard of, such as streptococcus, E-coli, MRSA, C diff. Most cases of sepsis are caused by common bacteria which we all come into contact with every day without them making us ill. Sometimes, though, the body responds abnormally to these infections, and causes sepsis.

What Sepsis does to your body

To begin with, you may have felt like you were developing a flu like illness. You may have:

- Felt very cold and shivery
- Felt very hot and looked flushed
- Had a high temperature
- Had aching muscles
- Felt very tired
- Have had sickness and / or diarrhoea (upset stomach)
- Not felt like eating
- Seemed confused or drunk, or had slurred speech.

As soon as Sepsis is suspected we recommend a set of treatment known as the 'Sepsis Six'. These six interventions are administered by nurses and doctors, and have been shown to double the chance of survival. To find out more about the Sepsis Six, visit: www.sepsistrust.org.

Sepsis is treated by:

- Giving you strong drugs to help you beat the infection. These include antibiotics, anti-fungal or anti-viral drugs depending on what caused the infection. Sometimes it is necessary for the medical team to try different drugs to find the ones that will best treat your illness. You may get temporarily worse or better as the new drugs are introduced
- Supporting your body's organs until they can begin to recover. This includes helping your blood pressure (with extra fluids or strong drugs) and organs (such as a machine for your kidneys, which is called dialysis or filtration)
- Helping you to breathe. Oxygen may have been given using a tight fitting mask, a high flow device inserted into your nostrils, or a hood that looks like a space helmet

- Making sure you have enough food and liquid. This is done by putting a thin tube up your nose and down into your stomach or by putting a tube in your hand or arm called a drip to give food and fluids
- Making the treatment more comfortable for you. You will have been given painkillers if you needed them and strong drugs to keep you drowsy or asleep
- Admittance to Critical Care if your condition deteriorates.

Rehabilitation

Rehabilitation means things that will help you get better after having sepsis. Rehabilitation starts when you are in hospital by slowly beginning to move around and look after yourself again – for example, washing yourself, sitting up, standing and then walking, taking yourself to the toilet etc. You will be working with physiotherapists and they will show you exercises to help you.

What might help me once I'm home?

Once you get home, it may feel strange because even simple things can feel difficult (such as climbing the stairs, talking with friends, getting yourself a drink) and you are likely to feel a lot more tired than when you were in hospital – this is probably because you are doing more now you are at home and your body is using a lot of energy getting better. It may help to set yourself small, achievable goals each week, like having a bath, dressing yourself or walking up the stairs. It might help to keep a diary so you can see that you are getting better and stronger each week, even if it does not feel like it. It might also help you to:

- Talk to family and friends about what you are feeling
- Read your patient diary if you have one. Some hospitals help families to keep a diary and you could read this when you feel strong enough
- Find out about sepsis (by reading the leaflet) so you know what happened to your body and find out what treatment you had. Ask your GP if you have questions about it.

Further information

If you have any questions or concerns regarding the information in this leaflet please speak to your doctor, nurse or contact your GP. You can also visit the UK Sepsis Trust website on: www.sepsistrust.org or call 0808 800 0029 or e-mail support@sepsistrust.org for Sepsis Support Groups

For more information about the Trust, visit: www.royalwoverhampton.nhs.uk

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English

If you need information in another way like easy read or a different language please let us know.

If you need an interpreter or assistance please let us know.

Lithuanian

Jeigu norėtumėte, kad informacija jums būtų pateikta kitu būdu, pavyzdžiui, supaprastinta forma ar kita kalba, prašome mums apie tai pranešti.

Jeigu jums reikia vertėjo ar kitos pagalbos, prašome mums apie tai pranešti.

Polish

Jeżeli chcieliby Państwo otrzymać te informacje w innej postaci, na przykład w wersji łatwej do czytania lub w innym języku, prosimy powiedzieć nam o tym.

Prosimy poinformować nas również, jeżeli potrzebowaliby Państwo usługi tłumaczenia ustnego lub innej pomocy.

Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ, ਜਿਵੇਂ ਪੜ੍ਹਨ ਵਿਚ ਆਸਾਨ ਰੂਪ ਜਾਂ ਕਿਸੇ ਦੂਜੀ ਭਾਸ਼ਾ ਵਿਚ, ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

ਜੇ ਤੁਹਾਨੂੰ ਦੁਭਾਸ਼ੀਏ ਦੀ ਜਾਂ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

Romanian

Dacă aveți nevoie de informații în alt format, ca de exemplu caractere ușor de citit sau altă limbă, vă rugăm să ne informați.

Dacă aveți nevoie de un interpret sau de asistență, vă rugăm să ne informați.

Traditional Chinese

如果您需要以其他方式了解信息,如易读或其他语种,请告诉我们。 如果您需要口译人员或帮助,请告诉我们。

> Designed & Produced by the Department of Clinical Illustration, New Cross Hospital, Wolverhampton, WV10 0QP Tel: 01902 695377.