



THE UK
SEPSIS
TRUST

FAQ: Sepsis Awareness and Education Talks

1. What are the main symptoms of sepsis in adults? Sepsis definitions.

Warning signs and symptoms include fever or low temperature and shivering, altered mental status, difficulty breathing/rapid breathing, increased heart rate, weak pulse/low blood pressure, low urine output, cyanotic or mottled skin, cold extremities, and extreme body pain or discomfort. Suspecting sepsis is a first major step towards early recognition and diagnosis.

- 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

Definitions:

Lay definition

'Sepsis is a life-threatening condition that arises when the bodies response to an infection injures its own tissues and organs.'

Professional narrative definition

'Sepsis is characterised by a life-threatening organ dysfunction due to a dysregulated host response to infection.'

2. How/why does sepsis develop?

Sepsis is a life-threatening condition caused by the bodies overwhelming and dysregulated response to an infection, which can lead to tissue damage, organ failure and death.

If you have an infection your immune system works to keep the infection limited to one place, this is known as a localised infection. This is normally regulated. A series of normal biological processes occur which includes your body producing white blood cells and a process called inflammation. Think about what happens to the surrounding skin when you cut yourself.

Sepsis is when the immune system goes into overdrive and causes a massive inflammatory response. This inflammation process becomes overwhelming and dysregulated.

Not every infection **will** develop into sepsis, however, any infection **can** develop into sepsis. Sepsis most commonly develops from a bacterial infection, however it can also develop from viral and fungal infections. Common infections precipitating sepsis include:

- Chest infection (pneumonia)
- Urinary tract
- Abdomen
- Skin, soft tissue

3. Who can get Sepsis?

Sepsis is indiscriminate and can affect the young and old and previously fit and healthy. We do not fully understand why some people's immune system responds the way it does and why some people develop sepsis as a result of an infection. Several factors are likely to play a part:

- Type of 'bug' causing the infection
- Number of 'bugs' present
- The person's individual factors. E.g. acquired conditions, genetics.

We know some groups of people are at a higher risk of developing sepsis. These include:

- Children under 1 year of age
- Adults over 75 years of age or people who are very frail
- People who have impaired immune systems because of illness or drugs
- Women who are pregnant

4. What is the current research being done towards developing a test for sepsis?

Sepsis is a clinical diagnosis. There is no single test that can confirm its presence or absence. It is about the clinician using certain diagnostic criteria to come to that decision. In the early stages, it can look like common conditions, such as flu and diarrhoea, but left untreated it can lead to shock, multi-organ failure and death. Research is ongoing into identifying patients with an infection who are at risk of developing sepsis and optimising sepsis treatment. The Trust reinforces, if a patient has a suspicion of an infection and is unwell then we would encourage people to 'Just Ask: Could it be sepsis?'

5. What is the difference between sepsis and blood poisoning/septicaemia

Although sepsis is often referred to as either blood poisoning or septicaemia, these terms refer to the presence of bacteria in the bloodstream and not the inflammatory response to an infection as in sepsis. Septicaemia is a redundant term and has been replaced by sepsis. We know there are many patients who clearly have sepsis, but we never find evidence of the infection in their blood. The term sepsis more accurately describes what is happening, there is an infection present somewhere in the body and our body has an overwhelming and dysregulated response to this.

6. What is the likelihood of getting sepsis again?

Some survivors' immune systems which would, in normal circumstances, help them fight off infections are not as effective in the year immediately following their Sepsis. There has been some research that looked at how sepsis survivors do over the long-term and researchers have found that over the following year at least, some survivors are more prone to contracting another infection. Of course, when there is an infection, there is a risk of sepsis. Most people who have had sepsis usually seek help early on and are treated promptly.

If you do have an infection, then you should keep a close eye for any signs of sepsis and seek help urgently if worried.

7. Sepsis globally?

Sepsis is a worldwide phenomenon and a leading cause of preventable death. It is the final common pathway to death from infection. The global burden of sepsis is difficult to ascertain. It is estimated to affect more than 30 million people worldwide every year, potentially leading to 6 million deaths. Which is equal to a life lost every 3.5 seconds. The burden of sepsis is most likely highest in low- and middle-income countries

8. Why is awareness of sepsis only being talked about now?

Sepsis and people being affected by it isn't a new thing. We now understand a little more about it and are increasing public awareness. Sepsis isn't often talked about and

when it is, it can be referred to incorrectly as “blood poisoning”. We hear of people dying from infections, but often this is really sepsis. In the UK, a review of the care patients with sepsis received, found there was no mention of sepsis in 40% of cases where documented clinical signs of sepsis were evident.

Helpful Links for further information:

<http://www.who.int/mediacentre/factsheets/sepsis/en/>

<https://www.sepsis.org/faq/>

<https://sepsistrust.org/>