

To whom it may concern,

I write this as a Consultant in Intensive Care Medicine and a global expert in sepsis. This little-known, but frightening common condition is a major healthcare issue, affecting over 245,000 people each year in the United Kingdom and claiming up to 48,000 lives. It is now a more common reason for admission to hospital than a heart attack, and claims more lives annually than any cancer.

For around 40% of survivors, a hospital admission with sepsis leaves long-term sequelae. These are particularly prevalent when a person has spent time in an Intensive Care Unit, and become increasingly common with lengthy inpatient stays. However, those cared for outside ICUs can also suffer life-changing sequelae.

Long-term consequences of critical illness with infection have been prominent in the media in recent months, with LongCOVID making headline news. This letter respectfully serves to remind the reader that such incapacitating sequelae are real, but not novel. Patients surviving sepsis as a consequence of any infection, including with SARS-CoV-2, can be equally affected.

For some, these complications are obvious. Microvascular changes and Disseminated Intravascular Coagulopathy can result in loss of digits or limbs, acute lung injury can result in respiratory dysfunction, acute kidney injuries can lead to a reliance on dialysis and myocarditis can result in breathlessness and dysrhythmias.

Collectively, the major and minor sequelae have come to be described in the literature as Post-Sepsis Syndrome (PSS). While our understanding of the aetiology is incomplete, we suspect that changes in the microcirculation are at fault, with sepsis-associated encephalopathy, myopathy and critical illness polyneuropathy all implicated.

PSS can bring significant emotional, psychological and behavioral changes in addition to physical manifestations including severe myalgia and fatigue. In 22% of cases where the patient has been admitted to Intensive Care, the psychological changes are severe enough to fulfill diagnostic criteria for post-traumatic stress disorder (PTSD).

**Executive & Senior  
Leadership Team**

Dr Ron Daniels BEM  
Terence Canning  
Cheryl Deeley  
Sarah Hamilton-Fairley  
Simon Hills

**Trustees**

Mark Stock (Chairman)  
Helen Cheyne  
Hozefa Ebrahim  
Alan Gilmour  
Richard Harris  
Nick Randle  
Rob Watson

**JUST ASK**

**"COULD IT BE SEPSIS?"**

Every year, at least 48,000 people die in the UK from this "silent killer".  
Asking the question could save a life.



visit us at [sepsistrust.org](http://sepsistrust.org)

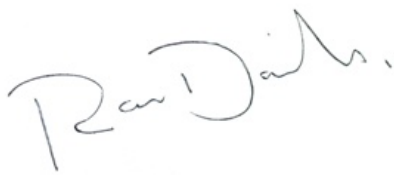
Common symptoms of PSS may include:

- Fatigue
- Painful limbs
- Breathlessness
- Dizziness
- Insomnia
- Changes in short term memory and concentration
- Low mood and anxiety
- Recurrent infections

We in the Critical Care and Sepsis communities need to get our act together to ensure that commissioners and policy makers respect the needs of patients discharged from hospital with sepsis and provide access to rehabilitation services - our World Sepsis Declaration sets this out and has to date been signed by over 10,000 hospitals worldwide and 8 governments.

Until we succeed, we are reaching out to those left to pick up the pieces of this life-changing condition: Family and General Practitioners, Community Nurses and Allied Health Professionals. We implore you to give the bearer of this letter the help needed to improve their function and increase the likelihood of their returning to a 'normal' existence.

Kind regards,



Dr Ron Daniels B.E.M, FFICM, FRCA, FRCP(Ed)  
Vice President- Global Sepsis Alliance  
Executive Director- UK Sepsis Trust

**JUST ASK**  
**"COULD IT BE SEPSIS?"**

Every year, 52,000 people die in the UK from this "silent killer".  
Asking the question could save a life.