Let's Talk About ...

Sepsis

What is sepsis?

Sepsis is a potentially dangerous condition in which your child's immune (disease-fighting) system responds to an infection by attacking the body's organs and tissues. This response can change your child's body temperature, heart rate, and blood pressure, and keep their organs from working properly. When dealing with sepsis, it is important to recognize and start treatment quickly.

What causes sepsis?

Sepsis can be caused by any infection in your child's body and is most commonly caused by viruses or bacteria. While bacterial infections tend to be more serious, viral infections are actually more common and can also make your child very sick.

Who can get sepsis?

Anyone can get sepsis, but your child is most at risk if they:

- Are premature
- Are younger than 1 year old
- Have an infection or open wound
- Recently had surgery
- Have a chronic disease, such as diabetes, liver, lung, or kidney disease
- Have a weak immune system due to:
 - Chemotherapy
 - Organ transplant medicines
 - Viruses like HIV
- Are in the hospital or were recently hospitalized

If you think your child has sepsis, remember to ACT.

A: Act immediately and call your child's healthcare provider.

C: Communicate clearly by telling the healthcare provider "I think my child may have sepsis."

T: Trust your intuition. If you feel something isn't right about your child's condition, speak up.

What are the possible signs of sepsis?

If your child has an infection and develops any of the following symptoms, it may be a sign of sepsis:

- Fever or very low temperature
- · Fast heart rate
- Trouble breathing
- Change in skin color
- Peeing less or has fewer wet diapers
- Trouble waking up
- Hard to comfort when crying
- Changes in consciousness
- Confusion
- Less interest in eating or playing

If you think your child has sepsis, take them to a healthcare provider immediately.



How is sepsis diagnosed?

Since sepsis is usually caused by a bacteria or virus, your child's healthcare provider may test for both. They may:

- Check your child's blood and urine
- Examine the fluid around your child's brain and spinal cord
- Wipe the inside of your child's nose with a soft swab

It can take 24 to 36 hours to get results from some of these tests. Your child may need to stay in the hospital while waiting for test results or for your child to receive treatment.

What happens if my child is admitted to the hospital?

Healthcare providers will watch your child closely while they are in the hospital. They will check your child's pulse, temperature, and blood pressure often. They may use a heart monitor to watch your child's heartbeat. They will also make sure your child is making enough urine.

Your child's healthcare providers may give your child acetaminophen (such as Tylenol) or ibuprofen to help bring down the fever. To keep your child hydrated, they may give them fluids with a small tube that goes into their vein (IV, or intravenous fluids).

After 24 to 36 hours, the healthcare providers will have a better sense of how long your child might need to stay in the hospital. If there is no concern for ongoing infection, your child may be safely sent home without antibiotics or other medicines.

If your child does have a bacterial infection, they will be treated with antibiotics. Your child's healthcare providers will tell you how long your child needs antibiotics and if they need any more tests.

What happens when my child goes home from the hospital?

Your child's healthcare providers will tell you if your child needs antibiotics at home. If so, be sure to give your child all the antibiotics prescribed to properly treat the infection. Follow up with a healthcare provider if your child gets sick again.

How do I prevent sepsis?

Although there are no specific ways to prevent sepsis, doing the following may help prevent infection:

- Wash your hands and your child's hands often with soap and water.
- Cover all wounds and keep them clean.
- Keep your child away from people who are sick.
- Make sure your child has all their vaccinations.

Notes		

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