

# Let's Talk About...

## Sepsis

### 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.

Sepsis is a potentially dangerous condition in which the immune system responds to an infection by attacking the body's own organs and tissues. The body's response to infection can change a person's body temperature, heart rate, and blood pressure and prevent 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 the following children are most at risk:

- Premature babies
- Babies younger than 1 year old
- Children who have an infection or open wound
- Children who recently had surgery
- Children who have chronic diseases, such as diabetes, liver, lung, or kidney disease
- Children who have weak immune systems due to:
  - Chemotherapy
  - Organ transplant medicines
  - Viruses like HIV
- Children who are in the hospital or were recently hospitalized

### What are the possible signs of sepsis?

A child who has sepsis may have the following signs:

- Fever or very low temperature
- Fast heart rate
- Trouble breathing
- Change in skin color
- 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
- Check your child's urine
- Check 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 24–36 hours to get results from bacteria tests. If healthcare providers think your child has severe sepsis, your child may need to stay in the hospital.

## What happens if my child is admitted to the hospital for sepsis?

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 and 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 reduce the fever. They may also give your child antibiotics to treat for a possible infection and an IV (intravenous fluids, a small tube that goes into the vein) to keep your child hydrated.

After 24–36 hours, healthcare providers will know if your child has sepsis from a bacterial infection. If no bacteria is found, your child can safely go home without antibiotics or other medicines.

If your child does have a bacterial infection, they will receive 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 to treat the infection. Follow up with a healthcare provider if your child gets sick again.

## How do I prevent sepsis?

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

- Wash your hands and your child's hands well with soap and water often.
- 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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