

Sepsis

What is sepsis?

Sepsis is a serious, whole-body response to an infection. It causes inflammation and may cause organ dysfunction in the brain, lungs, kidneys, and blood clotting system.

Sepsis can progress to septic shock. A person with septic shock will have low blood pressure, which requires treatment with special drugs to raise it. Both sepsis and septic shock are serious and require aggressive medical treatment in a hospital.

What causes sepsis?

Sepsis is caused by germs (bacteria, fungi, or viruses) growing inside you at high levels. The infection might be only in one area of the body, like in a tooth or lungs, or can be widely spread throughout the body in the blood. A doctor will order tests to locate the infection, but even with this testing, the cause of sepsis often remains unknown.

Although anyone can develop sepsis, it's more likely to affect the following:

- **The very old or the very young** (for example, premature babies)
- **People whose immune systems are already weakened** because of illness, injury, or medicines they are taking
- **Patients who are undergoing certain medical treatments** (such as chemotherapy for cancer)
- **Patients who have tubes or lines in their body to deliver or drain fluids** such as catheters or IV's



Septic shock usually requires medical treatment in a hospital intensive care unit (ICU).

What are the signs and symptoms?

To diagnose sepsis, doctors check symptoms and laboratory test results. Common signs and symptoms include an infection with the following:

- **Temperature higher or lower than normal**
- **Fast heartbeat**
- **Fast breathing**
- **Very high or very low number of white blood cells** (white blood cells are the parts of your blood that find and fight infection in the body)
- **Severe shivering**, also known as “shaking chills”
- **Change in mental status** (for example, confusion, memory loss, problems with thinking)

If the condition gets worse, blood pressure drops and vital organs (such as the kidneys or liver) may begin to fail.

How is sepsis treated?

Sepsis, which is caused by bacteria, is treated with antibiotics that are given intravenously (IV - a tiny tube inserted into a vein). Fluids and other medicines often are given to help increase blood pressure and maintain blood flow. A patient with sepsis might also need other treatments to support failing organs, such as dialysis to support the kidneys or a ventilator to help with breathing.

What can we expect from treatment?

If your loved one is being treated for sepsis in the ICU, it may help to know what to expect.

- **Many tubes and lines.** These help check the patient's condition, give medicine and fluids, and draw blood or drain fluids. For example, a large IV line in the neck is common. So is a line in the wrist to measure arterial blood pressure and obtain blood samples.
- **Swollen face or body.** Swelling is due to the extra fluid given to boost blood pressure.
- **Many machines.** Some of these machines simply monitor the patient's condition. Others, such as ventilators or dialysis machines, may support failing organs.
- **Confusion.** Some medicines used to treat sepsis can affect the patient's thinking and cause confusion. Chemicals released by the body to help fight the infection also affect thinking. This can make it hard for the patient to communicate.

How will our loved one respond to treatment?

Sepsis is a serious condition, and its outcome can be difficult to predict. **Your loved one's doctor is the best source of information about what the future may hold.** A number of things affect how a patient responds to treatment:

- **When sepsis was detected and when treatment began.** In general, early diagnosis and treatment improve a patient's chance of recovery.
- **Whether the underlying infection can be identified and treated with medicine.** Some infections are resistant to antibiotics.
- **The patient's overall condition.** The patient's basic health and strength before sepsis are also important.

How long is the recovery?

Sepsis can come on quickly, but recovery may require weeks or months. As your loved one's health improves, the number of lines, tubes, medicines, and machines used for daily care will gradually decrease. If your loved one has been in the ICU, they will be transferred to another unit in the hospital as their health improves.

Beyond the ICU, the focus of care will shift to building strength. When your loved one's health and strength have improved enough, the medical team will arrange a release from the hospital. Some patients may need to go to an extended care facility or rehabilitation center before going home.

How can I help?

It's stressful when a loved one faces a serious illness like sepsis. Here are some ways you can help and support your loved one's treatment:

- **Help your loved one rest.** It can be difficult to rest in the busy hospital environment, but you can help by dimming the lights at night, keeping the TV off (or on low volume) at night, communicating with the nursing staff to ensure a quiet environment and minimize interruptions as much as possible, and limiting visitors during sleep hours.
- **Encourage some activity, too.** Although rest is very important, it's also good to get up and move. A little bit of exercise, such as walking, can help your loved one regain strength and get better sooner.
- **Communicate with the healthcare team.** Please speak up if you or your loved one needs anything. Report anything unusual. Ask questions. Your loved one's healthcare team will do everything they can to help your loved one heal during their treatment.
- **Take care of yourself.** You are an important part of your loved one's care team. It's important for you to get rest, good nutrition, and time for yourself. This will help you support your loved one. Take breaks as you need them, and let your doctors and nurses know how they can help you.

Notes

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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