

## What is The Whittington Hospital doing about Sepsis?

- ★ We have a designated **Sepsis Team**, made up of various doctors and nurses with a **Sepsis Nurse** readily available.
- ★ We pride ourselves on an **Educational Programme** for doctors and nurses to learn about sepsis to maintain high standards of clinical care and treatment.
- ★ Staff take part in **simulations** with mock patients to practice treating sepsis in different clinical situations.
- ★ We have a specific **checklist** printed for all patients admitted with sepsis to ensure the “Sepsis Six” is completed.
- ★ We have easy **grab bags** so that equipment is easily available for staff.

### What does this mean?

**Full blood count, CRP, Lactate:** Blood tests that help look for signs that the body is fighting infection. These results are usually available within about an hour.

**Blood cultures:** Blood is taken and sent to the lab to see if any germs grow. These results take days or up to a week. Antibiotics can then be changed if needed to target any germs that grow.

**Urea and electrolytes:** Along with creatinine, a blood test to check how well your kidneys are working

**Urine dipstick:** A dip test to look for abnormalities in the urine, including infection

## Where can I find out more about Sepsis?

- UK Sepsis Trust: <https://sepsistrust.org>
- NHS: [www.nhs.uk/conditions/sepsis](http://www.nhs.uk/conditions/sepsis)
- UCL Partners: [www.uclpartners.com/what-we-do/patient-safety/sepsis](http://www.uclpartners.com/what-we-do/patient-safety/sepsis)

### Patient advice and liaison service (PALS)

If you have a compliment, complaint or concern please contact our PALS team on 020 7288 5551 or

[whh-tr.whitthhealthPALS@nhs.net](mailto:whh-tr.whitthhealthPALS@nhs.net)

If you need a large print, audio or translated copy of this leaflet please contact us on 020 7288 3182. We will try our best to meet your needs.

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# When to suspect sepsis?

An information leaflet for patients and relatives



### Why do I have this leaflet?

You have been given this leaflet because the healthcare team think you are well enough to be discharged home. Currently, you are likely to have an infection, but you do not have sepsis. However, occasionally, people who have an infection can develop sepsis later. If the infection is due to a virus, antibiotics will not help, and you will not be given these. If there are signs of a bacterial infection, you will be given antibiotics to take home. This leaflet provides some information on what tests have been done, what symptoms to monitor and when you might need to come back to the emergency department to be seen again.

### How was the decision to discharge me home reached?

To help them reach a decision about your care, the healthcare team have listened to your symptoms, examined you, and may have done some tests to look for the effects of sepsis on your organs, and look for common sources of infection within the body. These tests may have included:

- Blood tests (likely to be Lactate, Full Blood Count, CRP, Blood Cultures, Urea and Electrolytes and Creatinine)
- Urine dipstick
- Chest X-Ray

Our clinical assessment alongside the possible test results, suggest that you are currently at **low risk** of developing sepsis.

However, your symptoms will need monitoring at home to ensure they do not worsen.

### What is Sepsis?

Sepsis is a rare complication of infection. Previously sepsis was called septicaemia or blood poisoning. Sepsis is a life threatening condition, which can lead to organ failure and death if not treated quickly.

### What causes Sepsis?

When you catch an infection, usually the body is able to clear the germs without any help. Sometimes the body needs help to clear the infection with antibiotics.

More rarely, the infection can get into the bloodstream, which causes the body to make germ-killing cells and chemicals. These can cause damage to your organs and tissues, making you very unwell. The infection can start anywhere and then reach your blood. Common places for it to start are in your chest and urinary tract.

### Who gets Sepsis?

Sepsis can affect any person of any age and is a serious condition. Some people are more likely to get sepsis than others because they have difficulty fighting off infections. Examples include: the elderly; people with certain medical conditions such as HIV; people on medication which reduces the effectiveness of the immune system, such as those with an organ transplant or those receiving chemotherapy for cancer.

### What symptoms should I look out for?

The symptoms of sepsis can be very vague, and may depend on where the infection has started. Common symptoms of infection can include cough, headache, urinary symptoms and nausea. The UK Sepsis Trust advises that if you have one of the **following symptoms**, you should come back to hospital **urgently** for a repeat assessment:

### How should I seek medical attention?

If you are unsure about what kind of help you need, call 111 to speak to an adviser. If you have one of the symptoms listed in the box above or are very unwell, you should attend your local Emergency Department without delay. If you are unable or are too unwell to get there yourself, call 999 for an ambulance.