

Who can I speak to when I have questions?

The nurses who look after you/your child will be able to answer most questions and give you an update on their progress. Time can also be arranged for you to talk to the Doctors who have been involved in your care. To arrange this speak with your nurse who can organise this on your behalf.

How long will I/my child be in hospital?

Depending on the severity of their condition, the length of stay is variable. Some patients can be very unwell for quite some time, requiring a number of investigations and treatment.

Some patients respond quickly to treatment, which may lead to a rapid recovery resulting in a shorter hospital stay.

What will I/my child be sent home with?

You/your child may be discharged with antibiotics and other medications that the doctor has prescribed. The full course of antibiotics should be taken as prescribed. These will be discussed with you prior to discharge by the nurse or pharmacist.

You/your child will be sent home with a discharge summary and your GP will also receive a copy. This will tell your GP why you/your child was in hospital and what they were treated for. You/ your child may be asked to attend a hospital clinic or your GP for follow-up bloods and a check-up to review recovery progress.

What should I do if I/my child feels unwell again?

You should see your GP if you/your child does not improve once discharged, or if you/your child begins to feel unwell again.

If you feel you cannot wait for a GP appointment you should call 111 for advice

If you/your child feels too unwell for the above you should go direct to ED to be seen by a nurse/doctor, if they are too unwell to get to ED, you should call 999.

You can find more information on sepsis by visiting the UK Sepsis Trust website:

www.sepsistrust.org

The website provides support for all patients and relatives.

www.sepsistrust.org/get-support.

Alternatively, you can contact the support line by phone on 0808 800 0029

Sepsis Facts

- In the UK, at least 248,000 people each year suffer from severe sepsis.
- Sepsis is a medical emergency.
- It is estimated that 48,000 people die each year in the UK from sepsis.
- Pneumonia is the most common cause of sepsis.

This information is available in audio, Braille, large print and other languages. To request a copy, please ask a member of staff.



Mid Cheshire Hospitals
NHS Foundation Trust

Sepsis in children

Important information for patients
and parents



This leaflet is to help patients and their relatives have an understanding about sepsis.

What is sepsis?

Sepsis was previously known as septicemia or blood poisoning.

Sepsis is the body's reaction to an infection and means your body attacks its own organs and tissues.

A full recovery can be made from sepsis, if identified and treated promptly.

Sepsis can change from a mild illness to a severe illness very quickly. This can be frightening for patients and their relatives.

Why does sepsis happen?

The condition is caused as your body's response to bacteria entering your body. The infection may be in a particular area of your body or widespread, it may have been caused by a:

- Chest infection
- Urine infection
- Problem in your bowel or stomach
- Infected wound such as a cut or bite

Minor infections are very common. The majority can be treated without hospital treatment. However, some infections develop into sepsis, as a result the patient will require hospital treatment immediately.

Sepsis can be caused by a variety of bacteria, some of which are more likely in children:

- E coli
- Streptococcus (Group B or pneumonia)
- Neisseria meningitidis

Who is at risk of sepsis?

All people are at risk of sepsis, even those in good health with no long-term illness. People are more likely to develop sepsis after a viral illness such as a cold or following an injury. However, you may be at more risk if you are:

- Very young or elderly
- Suffering from long-term conditions such as diabetes or heart disease
- Currently on long-term steroids or chemotherapy
- Malnourished

What does sepsis do to your body?

To begin with you/your child may feel like they are developing flu, you/your child may have several symptoms, including:

- **Slurred speech or confusion**
- **Extreme shivering or muscle pain**
- **Passing no urine in 24hrs**
- **Severe breathlessness**
- **I feel like I might die**
- **Skin that's mottled, very pale, or slightly blue**

Where will I/my child be treated for sepsis?

If sepsis is the primary reason for your admission, you are likely to be treated in Emergency Department (ED) or the Children's Assessment Unit (CAU), and then transferred to the inpatient ward.

If sepsis develops whilst you/your child is an inpatient, you/your child will be treated on the ward. If your condition deteriorates, you/your child may be transferred to an alternative hospital.

What investigations may I/my child have?

You/Your child will have a variety of different blood tests including blood cultures, these help the laboratory to identify the bacteria and antibiotics best suited to your infection.

Samples of urine/sputum/stools may be sent to help identify the source of infection, including swabs of infected wounds.

X-rays (such as chest) may also be carried out to help identify a source of infection.

You/Your child may also require interventions such as:

- An insertion of a cannula (to enable intravenous fluids and antibiotics to be given)
- An insertion of a urinary catheter (to monitor urine output)

What medications will I receive?

Everybody reacts differently when fighting sepsis and not everybody will require the same treatment, below is a list of treatments you may receive.

- Intravenous antibiotics
- Intravenous fluids
- Intravenous antifungal medication and/or antiviral medication
- Oxygen via a mask or a tube through your nose
- Pain relief (if in pain)
- Paracetamol (to help reduce a raised temperature)