

Post-Sepsis Care

A Guide for Hospital-Based Staff



Sepsis
Trust NZ

Introduction

Sepsis is a common critical illness, affecting up to 1 in every 100 patients admitted to hospital in New Zealand.

Sepsis is currently defined as a “*life-threatening organ dysfunction caused by a dysregulated host response to infection*”. It is easier in many ways to think of sepsis as “*blood poisoning due to infection*”. This language is better understood by patients, family, and whānau, particularly if they have never heard of “*sepsis*” or “*septicaemia*”.

We are good at identifying and managing the problems which lead to sepsis (ie chronic lung disease or cancer chemotherapy), but less good at documenting sepsis in the clinical record. If we haven't clearly defined sepsis, we can't share the diagnosis with the people we are caring for. This is important because people who survive sepsis suffer important short and long-term problems, sometimes referred to as the “Post-Sepsis Syndrome” (PSS)

Sepsis is the body's life threatening response to infection.

Sepsis affects up to 1 in every 100 hospital admissions in Aotearoa.

"Post Sepsis Syndrome" refers to the short and long term problems faced by sepsis survivors.

You can help people recover from Sepsis by taking the following steps:

- Document the presence of absence of sepsis in the discharge summary, and in communications with colleagues in general practice.
- Discuss the diagnosis of sepsis and provide written information before discharge:
www.sepsis.org.nz/what-is-sepsis/
www.sepsis.org.nz/he-aha-te-mate-whakataoke/
- Validate and raise awareness of sepsis as a specific health problem - order leaflets and posters for your clinic rooms and waiting areas.
- Anticipate and assess for common Post Sepsis Syndrome (PSS) symptoms and signs.
- Make it clear who will be coordinating medical follow-up and rehabilitation.



You can help people recover from Sepsis by taking the following steps:

- Submit claims for Treatment Injury in appropriate cases on the ACC website (i.e. intravenous cannula-associated phlebitis).
- Encourage a gradual return to physical activities such as walking or swimming.
- Discuss pain management, including pharmaceutical and non-pharmaceutical strategies.
- Consider referral to a sepsis support specialist or support group.
<https://www.sepsis.org.nz/get-support/>

For more information on management and support for sepsis survivors, visit www.sepsis.org.nz

