

In hospital with sepsis



Health Quality &
Safety Commission
Te Tāhū Hauora



What happens if you or your whānau are admitted to hospital with sepsis

What is sepsis?



It happens when your immune system responds to an infection in an extreme (dysregulated) and toxic way, injuring tissue and organs. It can be the result of any type of underlying infection for example, from bacterial, viral or fungal infections.

Sepsis occurs when your body's immune system - which normally helps us fight infection - overreacts, causing damage to tissues and organs. It can cause life-threatening changes to your body.

It can put stress on or damage your organs, for example, blood vessels, skin, lungs, heart, kidneys, and brain.

It can also cause damage to your body's internal systems. For example, your nervous system.

All people with sepsis or septic shock need to go to hospital. Early treatment by doctors and nurses will include:

- » antibiotics and intravenous fluids
- » oxygen if it is needed
- » taking blood cultures (to identify the type of bug or infection that has led to the sepsis)
- » taking blood samples
- » senior nurses and doctors will be involved in this treatment.



SEPSIS IS NOT AN INFECTION.
It is an inappropriate and dangerous response of your immune system.



This treatment is often enough to stop sepsis progressing. If the person is in the emergency department and responds well, they will most likely be transferred to a ward for ongoing treatment and care.

If the person does not become stable after this treatment or there is severe organ damage, they might be taken to the High Dependency Unit (HDU) or Intensive Care Unit (ICU). Some will need to have an operation.

What happens if you or a whānau member needs to go to the ICU

When sepsis damages your tissue and organs, you need to be treated in the ICU where there is specialised support.

The ICU is where the sickest patients in the hospital are treated. The nurses and doctors use specialised equipment and medication to support and treat damaged organs, for example, your heart, lungs and kidneys.

Some examples of equipment and medication include respiratory ventilators, kidney dialysis machines, medications to

keep the blood pressure up at safe level for organ function, and sedatives to induce a coma that allows treatment to be given and rest for the body to recover.

Typically, nurses look after just one or two patients at a time.

The ICU team often has other specialists working, like dietitians, physiotherapists and pharmacists.



What happens after being discharged from the ICU

The main goal of treatment in the ICU is to get you or your whānau member well enough to be safely transferred to either the HDU or hospital ward for ongoing care and rehabilitation.

Moving out of the ICU can be a big change, this can be unsettling. On the ward, the focus of treatment is ongoing medical management and rehabilitation.

Being on the ward is different too. Nurses on the wards look after more than one or two patients, and doctors see patients less frequently than in the ICU. Also, patients are generally not attached to continuous monitoring on the wards.

It is important that staff in the ICU prepare you for the move, by talking about what is happening and what you can expect in terms of care planning.

This preparation is important. Patients and whānau often still feel scared and uncertain about what to expect or scared about 'what if things go wrong'. They might still be confused or not thinking clearly because of the sepsis and treatment in the ICU. They might also have trouble sleeping.

Moving from the ICU to either the HDU or ward can be a big change. From a medical and nursing perspective this is a sign of improvement. If you are feeling uncertain or scared talk to the staff.

