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Sepsis: the silent killer

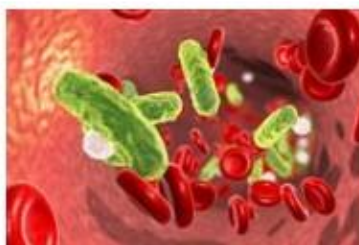
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Friday, 18 May 2018

Sepsis, also known as septicaemia or blood poisoning, is the body's abnormal reaction to an infection causing it to attack its own tissues and organs. Sepsis is one of the most common causes of critical illness in the UK and worldwide.



Anyone can develop sepsis after an injury or minor infection, although some are more vulnerable. People most at risk include those:

- With a medical condition or receiving medical treatment that weakens their immune system
- Who are already in hospital with a serious illness
- Who are very young or very old
- Who have just had surgery or who have wounds or injuries as a result of an accident.

An NHS England report suggests that in 2014, there were 123,000 cases of sepsis in England. Of these, 37,000 resulted in death.¹ The Royal College of General Practitioners (RCGP) notes that 70% of sepsis cases derived from an infection that was developed in the community. The RCGP estimates that there is a potential to reduce deaths by up to 10,000 per year by optimising patient care.²

Sepsis can rapidly develop from what might otherwise be an innocuous infection. The symptoms of sepsis are vague and may mimic those of other illnesses. As a result, recognising sepsis at an early stage can be a challenge even to an experienced clinician and may not be the first possible diagnosis.

A lack of patient awareness of the dangers and likelihood of sepsis can compound the issue. Patients might not suspect that they could be suffering from sepsis and may not present to healthcare early enough.

However, severe sepsis can have long-term implications. For every hour of delay in treatment, the risk of death increases by 8%. Patients can lose limbs, digits, teeth and hair as a result. There is also a potential psychological impact on a patient, with around a fifth of survivors developing PTSD.

In a medical setting, negligence can commonly occur when sepsis is overlooked and mistaken for something else. Crucial treatment time may be lost, which can lead to devastating injuries that could have been avoided had the sepsis been recognised and treated at an earlier stage.

What can trusts do?

All frontline staff need to be aware of the risk of sepsis, from help lines to hospitals. Trusts must ensure that their sepsis strategy is communicated to all staff in order to reduce missed or delayed diagnoses.

As so many cases can occur from an infection developed in the community, the education of community pharmacists, community nurses, healthcare assistants and health visitors is also vital.

Patients may make several approaches to different healthcare professionals with the same symptoms. Accordingly, multiple approaches to different sources should be collated and recognised as a red flag. All healthcare professionals should consider the possibility of sepsis in relevant presenting cases. Patients who have been assessed and thought not to have sepsis should be given information on what to look out for that should prompt them to seek further clinical assessment.

It is vital that the correct pathways for collaborative care are in place. For example, it is important that a GP is able to initiate a care pathway for the patient that engages the correct resources and includes follow up care and rehabilitation if necessary.

Monitoring and recording of patient's vital signs in primary and hospital care is of key importance in sepsis cases. Spotting an early deterioration in these signs can help treat the condition early and prevent death or severe consequences such as loss of limbs. A National Confidential Enquiry into Patient Outcome and Death (NCEPOD) report recommends that more healthcare professionals use early warning systems and screening checklists to prompt them to check for signs of sepsis.

The UK Sepsis Trust advises healthcare professionals to use the Sepsis Six – six steps which can double a patient's chance of survival if taken in the first hour.

The Sepsis Six are:

1. Administer oxygen
2. Test the blood for infection
3. Give antibiotics
4. Give IV fluids
5. Measure serum lactate (lactic acid in the blood) and haemoglobin (the protein in red blood cells that carries oxygen)
6. Measure hourly urine output.

In the early stages, simple treatment can be life saving. However, once the situation progresses and the patient's organs begin to fail, they will need specialist treatment in intensive care.

The Royal College of Physicians recommends that if sepsis is confirmed, intervention should be rapid and the Sepsis Six should be started as soon as possible. Patients should be placed on a standardised pathway of care to ensure optimal sepsis management and should be reviewed at the earliest opportunity by the most senior available doctor.

Many trusts are already taking action to improve sepsis recognition and treatment. It is important that this continues and is improved upon to ensure that sepsis is recognised promptly and treatment is given as soon as possible. A failure to do so is literally a matter of life and death.

References

1. Improving outcomes for patients with sepsis: a cross-system action plan. [NHS England, December 2015.](#)
2. Sepsis Toolkit. [Royal College of General Practitioner.](#)