

Life After Sepsis Fact Sheet

Definition: Sepsis is the body's overwhelming and life-threatening response to infection, which can lead to tissue damage, organ failure, and death.

Who it Hurts: While sepsis is an equal-opportunity killer, impacting the sick, the well, and people of all ages, some groups are more likely to be affected. These include very young children, older adults, and those with a weakened immune system.

Prevention: The risk of sepsis can be reduced by preventing or quickly identifying and managing infections. This includes practicing good hygiene, staying current with vaccinations, and seeking treatment when infections are suspected.

Treatment: Sepsis is a medical emergency that requires urgent attention and rapid treatment for survival. Sepsis can be treated and, in many instances, lives are saved by using existing and proven protocols.

Recovery: Many individuals fully recover from sepsis, while many others are left with long-lasting effects, such as amputations or organ dysfunction, like kidney failure. Other after-effects of sepsis are less obvious, such as memory loss, anxiety, or depression.

Symptoms: When it comes to sepsis, remember It's About TIME[™]:

- T Temperature higher or lower than normal
- I Infection may have signs or symptoms of infection
- M Mental Decline confused, sleepy, difficult to rouse
- E Extremely III "I feel like I might die," severe pain or discomfort

If you **suspect sepsis** (observe a combination of these symptoms), see your medical professional immediately, CALL 911, or go to a hospital with an advocate and say, **"I AM CONCERNED ABOUT SEPSIS."**

Post-sepsis syndrome: Up to 50% of sepsis survivors are left with physical and/or psychological long-term effects, a condition known as post-sepsis syndrome.^{1,2,3,4} These effects include:

- Insomnia, difficulty getting to sleep or staying asleep
- Nightmares, vivid hallucinations and panic attacks
- Disabling muscle and joint pains
- Extreme fatigue
- Poor concentration
- Decreased mental (cognitive) functioning
- Loss of self-esteem and self-belief

Life After Sepsis in Adults

- About one-third of all sepsis survivors, and more than 40% of older sepsis survivors, have another hospitalization within three months of the initial sepsis, most commonly due to a repeat episode of sepsis or another infection.^{1,2}
- Black and Native American adult sepsis survivors are more likely than white survivors to be readmitted after hospital discharge (1.3-1.5 times the risk for Blacks, and 2.4 times the risk for Native Americans).^{25,26}
- One-half to two-thirds of all hospital readmissions after sepsis are infection-related.⁵
- The higher risk of infection following sepsis results from suppression or weakening of the immune system in the first few weeks and months following the initial bout of sepsis.^{1,5} Over 50% of severe COVID-19 cases in the U.S. develop sepsis and potentially fall into this higher risk group.²⁴
- In addition to infection, other common causes of rehospitalization after sepsis are heart failure, kidney failure, and pulmonary aspiration (inhaling food into the lungs).²
- Adult sepsis survivors followed for as many as five years after hospitalization had a higher risk of death than adults who did not have sepsis during their hospitalization, even when matching on risk factors such as health status before developing sepsis.^{9,23,27}
- Almost 60% of sepsis survivors over the age of 50 experience worsened cognitive (mental) and/or physical function.³
- Older sepsis survivors experience on average 1 to 2 new limitations on activities of daily living (e.g. bathing, dressing, managing money) after hospitalization.³
- One-sixth of sepsis survivors experience difficulties with memory, concentration, and decision making.²
- Older adult sepsis survivors experience more severe long-term cognitive and physical disability as compared to younger sepsis survivors.²⁰
- Older severe sepsis survivors are at higher risk for long-term cognitive impairment and physical problems than others their age who were treated for other illnesses.³
- Many sepsis survivors report symptoms of post-traumatic stress disorder.⁶
- Sepsis survivors are more likely to develop symptoms of post-traumatic stress disorder than other ICU survivors.⁷
- A recent analysis estimates that 1% of sepsis patients undergo one or more surgical amputations of a limb or digit as a result of sepsis.⁸
- Sepsis survivors are at increased risk of stroke and heart attack (myocardial infarction) in the first 4 weeks after hospital discharge. Younger adults (aged 20 to 45) are at a significantly higher risk for these events as compared to older adults (those over age 75).¹⁰
- Caregivers to survivors of critical illness are at risk for poor mental health outcomes. 67% of caregivers (family members or friends) report high levels of depressive symptoms.¹¹
- The average cost for a hospital readmission at 30 days after the initial sepsis hospitalization is \$16,852. This amounts to more than \$3.5 billion in annual costs.¹²
- Readmissions after 30 days following an initial hospitalization for sepsis account for 13% of all sepsis-related hospitalization costs.¹²

Life After Sepsis in Children

- More than 20% of child sepsis survivors are readmitted to the hospital within three months of the initial hospitalization.¹³
- More than half of the readmissions after a sepsis hospitalization in children are related to recurring sepsis or infection.¹³
- The average cost of a readmission after a sepsis hospitalization for a child is \$7,385, which is 27% more than a non-sepsis readmission.¹³
- Among pediatric sepsis survivors, almost one third (31%) are discharged from the hospital with some disability, including cognitive or physical impairments, skin graft, amputation, or hearing loss.¹⁴ Children hospitalized for sepsis are 8 times more likely to undergo device placement than children hospitalized for other illnesses.²²
- Almost 1 in 6 pediatric severe sepsis survivors are discharged from the hospital with more disabilities than when they were admitted.¹⁵
- 60% of children who survive sepsis experience an increase in outpatient healthcare visits during the 12-month period following hospital discharge.²¹
- Survival from sepsis can be very challenging with many children requiring amputations. Many
 more experience a decrease in cognitive and physical function, with 34 percent of pediatric sepsis
 survivors (more than 1 in 3) showing a decline in their functional status at 28 days after hospital
 discharge.¹⁵
- Some research points to problems in cognitive function (mental work) after critical illness in children. In one small study, children who had spent time in the pediatric ICU for critical illness showed deficiencies in tests of memory-related tasks compared to healthy children. Survivors of critical illness in this study also had declines in their academic performance as evaluated by teachers when compared to healthy children. In another study, 44% of children who had survived septic shock were found to have problems with cognitive function when compared to healthy children.^{17,18}
- Pediatric severe sepsis survivors who have spent time in the pediatric ICU experience posttraumatic stress disorder more often than children discharged from the general hospital ward.¹⁵
- Critical illness in children takes a toll on family and caregivers. Higher rates of post-traumatic stress disorder and symptoms of deteriorating physical and mental health such as headaches, fatigue, and anxiety are reported for parents of survivors of pediatric critical illness.¹⁵
- Almost 25% of pediatric sepsis survivors have a diminished health-related quality of life, a measure of the effect of health on physical, mental, emotional and social function.¹⁹

To find out more please visit Sepsis.org

Sources:

- 1. Prescott, H and Angus, D, *JAMA*. 2018;319(1):62-75. https://jamanetwork.com/journals/jama/article-abstract/2667727?redirect=true
- 2. Prescott, H and Angus, D., JAMA. 2018;319(1):91. https://jamanetwork.com/journals/jama/fullarticle/2667724
- 3. Iwashyna, TJ et al., JAMA Network. 2010;304(16):8. https://jamanetwork.com/journals/jama/fullarticle/186769
- 4. Mostel Z, et al., Mol Med. 2019;26(1):6. https://molmed.biomedcentral.com/articles/10.1186/s10020-019-0132-z
- 5. Prescott HC and Costa DK.. *Crit Care Clin.* 2018;34(1):175-188. http://www.criticalcare.theclinics.com/article/S0749-0704(17)30078-7/abstract
- 6. Boer KR et al., Intensive Care Med. 2008;34(4):664-674. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2271079/
- 7. Bienvenu OJ, et al., *Psychol Med.* 2013;43(12):2657-2671. <u>https://pubmed.ncbi.nlm.nih.gov/23438256-post-traumatic-stress-disorder-symptoms-after-acute-lung-injury-a-2-year-prospective-longitudinal-study/</u>
- Reitz, K et al. Epidemiology of Surgical Amputation After Sepsis [abstract]. American Thoracic Society 2019 International Conference, 2019 May 19-22, Dallas, TX. <u>https://doi.org/10.1164/ajrccmconference.2019.199.1_MeetingAbstracts.A7153</u>
- 9. Prescott, HC et al. BMJ. 2016;353:i2375. https://www.bmj.com/content/353/bmj.i2375
- 10. Lai C-C, et al., Can Med Assoc J. 2018;190:E1062-1069. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6131076/
- 11. Cameron JI, et al., N Engl J Med. 2016;374(19):11. https://www.nejm.org/doi/full/10.1056/NEJMoa1511160
- 12. Gadre SK, et al. Chest. 2019;155(3):483-490. https://journal.chestnet.org/article/S0012-3692(18)32895-2/abstract
- 13. Prout AJ, et al. *Hospital Pediatrics*. 2019;9(4):249-255. https://hosppeds.aappublications.org/content/early/2019/02/28/hpeds.2018-0175
- 14. Boeddha NP, et al., Crit Care. 2018;22(1):143. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5984383/
- 15. Syngal P and Giuliano JS., Healthcare (Basel). 2018;6(3). https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6164000/
- 16. Farris RW, et al., *Pediatr Crit Care Med.* 2013;14(9):835-842. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4080839/
- 17. Als LC, et al., Crit Care Med. 2013;41(4):1094-1103. https://www.ncbi.nlm.nih.gov/pubmed/23385103
- 18. Bronner MB, et al., Pediatr Crit Care Med. 2009;10(6):636-642. https://www.ncbi.nlm.nih.gov/pubmed/19581821
- 19. Killien EY, et al., *Pediatr Crit Care Med.* 2019;20(6):501-509. <u>https://pubmed.ncbi.nlm.nih.gov/30720672-health-related-quality-of-life-among-survivors-of-pediatric-sepsis/</u>
- 20. Mankowski RT, et al, JAm Geriatr Soc. 2020;68(9):1962-1969. https://pubmed.ncbi.nlm.nih.gov/32294254/
- 21. Carlton EF, et al. JAMA Netw Open. 2020;3(9):e2015214. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7489846/
- 22. Carlton EF, et al. Crit Care Med. 2020;48(5):725-731. https://pubmed.ncbi.nlm.nih.gov/32108704/
- 23. Farrah K, et al. Crit Care Med. 2021;49(2):215-227. https://pubmed.ncbi.nlm.nih.gov/33372748/
- 24. Murk W, et al. CMAJ. 2021;193(1):E10-E18. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7774475/
- 25. Lizza, BD et al. *Crit Care Med.* 2021; Jan 20, 2021, Online First. https://journals.lww.com/ccmjournal/Abstract/9000/Racial_Disparities_in_Readmissions_Following.95381.aspx
- 26. Chang, DW et al. Crit Care Med. 2015; 43(10): 2085-93. https://pubmed.ncbi.nlm.nih.gov/26131597/
- 27. Buchman TG, et al. Sepsis Among Medicare Beneficiaries: 1. The Burdens of Sepsis, 2012-2018. Crit Care Med. 2020;48(3):276-288. https://journals.lww.com/ccmjournal/fulltext/2020/03000/sepsis_among_medicare_beneficiaries_1_the.2.aspx