

*In January 2012, the Scottish Patient Safety Programme launched a 3-year collaborative to reduce harm and mortality from severe sepsis. Teams throughout Scotland are working towards implementation of processes to improve outcomes for patients through prompt recognition and treatment for severe sepsis.*

We are working closely with international colleagues to share knowledge and experience in this important field and are grateful for the support of the UK Sepsis Trust and Global Sepsis Alliance for the use of their resources.

**We believe that, once severe sepsis is accepted as a medical emergency and a clinical priority for the NHS, we can save numerous lives each year.**

We will achieve this through the promotion of earlier recognition of severe sepsis and more reliable delivery of immediate life-saving treatments including earlier antibiotics and fluids, by raising awareness, and through innovation, research and the sharing of good practice.

To make this happen, we need to ensure that members of the public, patients and their relatives, and health professionals work together to **think sepsis**.

For more information, please visit our website:  
[www.knowledge.scot.nhs.uk/sepsisvte.aspx](http://www.knowledge.scot.nhs.uk/sepsisvte.aspx)

Suspect sepsis.

Say sepsis.

Save someone's  
life today.

Sepsis  
kills

...but  
together we  
can beat it



Working in partnership with  
the Global Sepsis Alliance



[www.sepsistrust.org](http://www.sepsistrust.org)

Severe sepsis, also known as septicaemia or blood poisoning, is the body's reaction to an infection and means your body attacks its own organs and tissues. If severe sepsis is not spotted and treated quickly, it can rapidly lead to organ failure and death. Patients and health workers need to work together to ensure life-saving treatment is delivered as soon as possible.

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We cannot accept responsibility for individual cases.

## How will I know?

If a person has two or more of the following then they may have severe sepsis:

- a very high (or very low) temperature
- a racing heart beat
- rapid shallow breathing, or
- new confusion.

*You should seek medical advice if you are at all concerned.*

In the early stages, it is often difficult to distinguish severe sepsis from the flu virus. However, if any of the features above exist and the skin is cold, pale or has developed strange colours or markings ('mottled'), the patient has lost consciousness or has not passed water for more than 18 hours then the patient needs to be taken to hospital as soon as possible. Tests should help to make the diagnosis.

If you suspect severe sepsis, try to ensure that the patient receives urgent medical attention. Don't be afraid to say "I think this might be sepsis". Remember, if it does turn out to be severe sepsis, getting this patient treated even one hour earlier might make the difference between life and death.



## What is severe sepsis?

*Severe sepsis accounts for 37,000 deaths annually in the UK. That's more than bowel cancer, breast cancer and prostate cancer combined. This means that a person dies from severe sepsis every 14 minutes, seven during a normal football match. Equivalent to the capacity of a Premier League stadium each year.*

Severe sepsis is a life-threatening condition that arises when the body's response to an infection attacks its own tissues and organs.

Infections which can lead to severe sepsis are common, and include lung infections (pneumonia), water infections, infections in wounds, bites or the joints, and problems like burst ulcers.

Severe sepsis can lead to shock, multiple organ failure and death, especially if not recognised early and treated promptly.

## Severe sepsis is a medical emergency

Patients with the most severe forms of sepsis are up to five times more likely to die compared to patients with a heart attack or stroke.

International recommendations suggest that treatment should be started within one hour of severe sepsis being suspected. Research has shown that treatment with intravenous antibiotics and fluids works. Severe sepsis is an emergency, just like heart attack and stroke.

Caught early, the outlook is good for the vast majority of patients. It is crucial not to delay seeking medical attention, phone NHS 24 on 08454 24 24 24 at anytime.



## What can be done?

The good news is, **life-saving** treatment for severe sepsis is often relatively straightforward. Early recognition, and getting basic treatments, including antibiotics and fluids into the patient within the first hour, can halt the progression of severe sepsis and hugely improve outcomes for patients.

Antibiotics can cause harm if given inappropriately. Doctors should always prescribe antibiotics with caution. However, in the case of severe sepsis they are the single most important life-saving measure.

We recommend a set of treatments known as the 'Sepsis Six'. These six interventions can be administered by junior nurses and doctors, and have been shown to double the chance of survival.

## Sepsis Six (within an hour)

### Treatment

- Give oxygen to target saturation
- Give IV antibiotics
- Start IV fluid resuscitation

### Test

- Take blood cultures
- Check haemoglobin and lactate
- Monitor urine output

*To find out more about the Sepsis Six, visit our website at [www.knowledge.scot.nhs.uk/sepsisvte.aspx](http://www.knowledge.scot.nhs.uk/sepsisvte.aspx) and follow the 'Survive Sepsis' links.*