

Sepsis Recovery Toolkit

Dear Friend,

Thank you for entrusting us with the opportunity to care for you! As you begin your recovery from Sepsis, we want to ensure that you have the tools needed to be successful.

The Sepsis Recovery Toolkit was created by a team of hospital staff, patients and family members to prepare you for what you might expect following your Sepsis diagnosis and includes opportunity for you to track your progress by journaling. We encourage you to share this with your doctor at your first follow-up visit after leaving the hospital. The information you track will help him or her to identify your healthcare needs moving forward. Thank you for choosing Methodist LeBonheur Healthcare for your healthcare needs. We consider it an honor to take care of you and your loved ones.

Dr. Dale Criner, Chief Medical Officer & Sepsis Physician Champion

Dr. Amit Prasad, Chief Medical Officer & Sepsis Physician Champion

Sepsis is the body's overwhelming and sometimes life-threatening response to infection. In some patients, sepsis can lead to tissue damage, organ failure, and death. Sometimes your body will have an over active and toxic response to an infection. Your immune system usually works to fight any germs (bacteria, viruses, fungi, or parasites) to prevent infection. If an infection does occur, your immune system will try to fight it, although you may need help with medication such as antibiotics. However, for reasons researchers don't understand, sometimes the immune system stops fighting the "invaders," and begins to turn on itself. This is the start of sepsis.

SYMPTOMS OF SEPSIS

S Shivering, fever, or very cold
E Extreme pain or general discomfort ("worst ever")
P Pale or discolored skin
S Sleepy, difficult to rouse, confused
I "I feel like I might die"
S Short of breath



Watch for a combination of these symptoms. If you suspect sepsis, see a doctor urgently, CALL 911 or go to a hospital and say, "I AM CONCERNED ABOUT SEPSIS."

SEPSIS.ORG



MethodistSM
LeBonheur Healthcare

1. Recovery and Post-Sepsis Syndrome

Page 3

Knowing what to expect during your recovery from Severe Sepsis

2. What might I expect after I get home?

Page 4

3. Sepsis self-care goals

Page 5

Self-care goals will help you recover

4. Journal

Pages 6-12

This is a 7 page journal to help you track your progress and identify challenges on your journey to recovery.

5. Sepsis Review Populations at Risk

Pages 13

6. Resources

Page 14

Here is a list of national resources where you can find more information about Sepsis, Severe Sepsis, and Septic Shock.

1. Recovery and Post-Sepsis Syndrome

Recovering from Sepsis

UNDERSTANDING POST-SEPSIS SYNDROME

Post-sepsis syndrome (PSS) consists of **physical and/or psychological long-term effects** that impact up to 50% of sepsis survivors.

PHYSICAL SYMPTOMS:



Difficulty sleeping or staying asleep

Fatigue, lethargy



Repeat infections

Poor Appetite



--- Hair loss

--- Brain fog, confusion



Shortness of breath, difficulty breathing



Organ dysfunction



Skin rash



Disabling muscle or joint pain



Swelling of the limbs

Sepsis recovery can look different for every patient.

Some patients may develop post-sepsis syndrome.

Once you've had sepsis, you are at a higher risk for developing sepsis again.

2. What might I expect after I get home?

Below are some things you might expect once you are home from the hospital.

- General to extreme weakness and fatigue
- General body pain or aches
- Difficulty moving around
- Insomnia
- Nightmares
- Weight loss, lack of appetite, food not tasting normal
- Dry and itchy skin that may peel
- Brittle nails
- Hair loss
- Forgetfulness
- Difficulty with simple math or directions

Frustration can be normal as you reenter your everyday routine. Communicating that frustration is important to your recovery. It is important to know that the time it takes to recover can be different for every patient.

When should I call my primary care doctor?

- Nausea or vomiting
- Redness, swelling or drainage of pus from any wound
- Easy bruising or bleeding
- Any increased pain
- If you had surgery, call your doctor for increased pain or drainage from the surgery site
- Redness, swelling, or bleeding around the area where IV goes into your skin
- Fever higher than 101.5F
- Night sweats

When should I call 911?

Contact emergency services right away if any of these occur:

- Trouble breathing or swallowing, or wheezing
- Chest pain
- Fast heartbeat
- Low blood pressure
- Vomiting blood or large amounts of blood in stool
- Confusion or sudden change in behavior
- Dizziness when you stand up or fainting
- Thoughts of suicide or harming yourself

3. Sepsis Self-Care Goals

Check Goal as Understood	Goal: Important information for you and your caregiver to know.
<div>Goal 1:</div> <div>Doctor Follow-Up</div> <div></div>	<p>After I leave the hospital, I will go to my appointment with Dr. _____ on _____ (date) at _____ (time).</p> <p>I will call my doctor when there are signs of a problem. (See previous page)</p> <p>My Doctor’s office number: _____</p>
<div>Goal 2:</div> <div>Medicines</div> <div></div>	<ul style="list-style-type: none">• I will take ALL medicines as ordered by my doctor.• I will talk with my doctor before I stop, change, or add any medicines.• I will keep my medicines in a pillbox.• I will write out a list of what I need to take, how much, and when. I will bring the list with me when I see my doctor. <p>My Pharmacy phone number: _____</p>
<div>Goal 3:</div> <div>Emotions</div> <div></div>	<p>I will talk about my feelings with my family, spiritual leader, or close friend and my doctor. <i>(We strongly encourage you to share your feelings. This is very important to your recovery.)</i></p>
<div>Goal 4:</div> <div>Diet</div> <div></div>	<p>I understand that I need to eat a healthy diet and drink enough fluid to keep my urine light in color unless I have been told to limit fluids. <i>(Refer to handout included with examples of a healthy diet.)</i></p>
<div>Goal 5:</div> <div>Alcohol</div> <div></div>	<p>I recognize that the consumption of alcohol may further complicate the healing process. Therefore, I will not drink alcohol during my recovery.</p>
<div>Goal 6:</div> <div>Stop smoking</div> <div></div>	<p>I recognize that smoking complicates the healing process. Therefore, I will not smoke during my recovery.</p>
<div>Goal 7:</div> <div>Activity</div> <div></div>	<p>I will keep any appointment for rehab and will give 100% effort to participate in any rehab activities offered to me. <i>(We encourage you to be as active as possible.)</i></p>
<div>Goal 8:</div> <div>My journal</div> <div></div>	<p>I will do my best to record in my journal daily and honestly. I will take it with me to my follow-up appointment with my doctor.</p>

4. Journal – My Road to Sepsis Recovery

Date: _____

DAY 1

Medicines:

- ☐ took all medications as ordered by my doctor(s).
- ☐ I have questions / concerns about my medicines.

Diet:

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks: _____

Water Intake:

- ☐ 1 - 2 glasses
- ☐ 3 - 4 glasses
- ☐ 5 - 6 glasses
- ☐ 7 - 8 glasses

Alcohol Intake:

- ☐ None
- ☐ 1 - 2 drinks
- ☐ More than 2 drinks

Mood:

- ☐ Happy
- ☐ Peaceful
- ☐ Scared
- ☐ Worried
- ☐ Depressed
- ☐ Unsure of myself
- ☐ Wanted to be alone
- ☐ Frustrated

Activity:

- ☐ I showered or took a bath.
- ☐ I was able to dress myself.
- ☐ I walked to the mail box.
- ☐ I walked around the block.
- ☐ I went to the gym.
- ☐ I laid in bed or on the sofa most of the day.
- ☐ I sat in my chair most of the day.
- ☐ I shared my day with someone.

Physical:

- ☐ Nausea and/or vomiting
- ☐ Insomnia
- ☐ Diarrhea
- ☐ Fatigue
- ☐ Fever over 101.5F

Other: _____

Patient/Caregiver Comments: _____

4. Journal – My Road to Sepsis Recovery

Date: _____

DAY 2

Medicines:

- ☐ took all medications as ordered by my doctor(s).
- ☐ I have questions / concerns about my medicines.

Diet:

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks: _____

Water Intake:

- ☐ 1 - 2 glasses
- ☐ 3 - 4 glasses
- ☐ 5 - 6 glasses
- ☐ 7 - 8 glasses

Alcohol Intake:

- ☐ None
- ☐ 1 - 2 drinks
- ☐ More than 2 drinks

Mood:

- ☐ Happy
- ☐ Peaceful
- ☐ Scared
- ☐ Worried
- ☐ Depressed
- ☐ Unsure of myself
- ☐ Wanted to be alone
- ☐ Frustrated

Activity:

- ☐ I showered or took a bath.
- ☐ I was able to dress myself.
- ☐ I walked to the mail box.
- ☐ I walked around the block.
- ☐ I went to the gym.
- ☐ I laid in bed or on the sofa most of the day.
- ☐ I sat in my chair most of the day.
- ☐ I shared my day with someone.

Physical:

- ☐ Nausea and/or vomiting
- ☐ Insomnia
- ☐ Diarrhea
- ☐ Fatigue
- ☐ Fever over 101.5F

Other: _____

Patient/Caregiver Comments: _____

4. Journal – My Road to Sepsis Recovery

Date: _____

DAY 3

Medicines:

- ☐ took all medications as ordered by my doctor(s).
- ☐ I have questions / concerns about my medicines.

Diet:

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks: _____

Water Intake:

- ☐ 1 - 2 glasses
- ☐ 3 - 4 glasses
- ☐ 5 - 6 glasses
- ☐ 7 - 8 glasses

Alcohol Intake:

- ☐ None
- ☐ 1 - 2 drinks
- ☐ More than 2 drinks

Mood:

- ☐ Happy
- ☐ Peaceful
- ☐ Scared
- ☐ Worried
- ☐ Depressed
- ☐ Unsure of myself
- ☐ Wanted to be alone
- ☐ Frustrated

Activity:

- ☐ I showered or took a bath.
- ☐ I was able to dress myself.
- ☐ I walked to the mail box.
- ☐ I walked around the block.
- ☐ I went to the gym.
- ☐ I laid in bed or on the sofa most of the day.
- ☐ I sat in my chair most of the day.
- ☐ I shared my day with someone.

Physical:

- ☐ Nausea and/or vomiting
- ☐ Insomnia
- ☐ Diarrhea
- ☐ Fatigue
- ☐ Fever over 101.5F

Other: _____

Patient/Caregiver Comments: _____

4. Journal – My Road to Sepsis Recovery

Date: _____

DAY 4

Medicines:

- ☐ took all medications as ordered by my doctor(s).
- ☐ I have questions / concerns about my medicines.

Diet:

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks: _____

Water Intake:

- ☐ 1 - 2 glasses
- ☐ 3 - 4 glasses
- ☐ 5 - 6 glasses
- ☐ 7 - 8 glasses

Alcohol Intake:

- ☐ None
- ☐ 1 - 2 drinks
- ☐ More than 2 drinks

Mood:

- ☐ Happy
- ☐ Peaceful
- ☐ Scared
- ☐ Worried
- ☐ Depressed
- ☐ Unsure of myself
- ☐ Wanted to be alone
- ☐ Frustrated

Activity:

- ☐ I showered or took a bath.
- ☐ I was able to dress myself.
- ☐ I walked to the mail box.
- ☐ I walked around the block.
- ☐ I went to the gym.
- ☐ I laid in bed or on the sofa most of the day.
- ☐ I sat in my chair most of the day.
- ☐ I shared my day with someone.

Physical:

- ☐ Nausea and/or vomiting
- ☐ Insomnia
- ☐ Diarrhea
- ☐ Fatigue
- ☐ Fever over 101.5F

Other: _____

Patient/Caregiver Comments: _____

4. Journal – My Road to Sepsis Recovery

Date: _____

DAY 5

Medicines:

- ☐ took all medications as ordered by my doctor(s).
- ☐ I have questions / concerns about my medicines.

Diet:

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks: _____

Water Intake:

- ☐ 1 - 2 glasses
- ☐ 3 - 4 glasses
- ☐ 5 - 6 glasses
- ☐ 7 - 8 glasses

Alcohol Intake:

- ☐ None
- ☐ 1 - 2 drinks
- ☐ More than 2 drinks

Mood:

- ☐ Happy
- ☐ Peaceful
- ☐ Scared
- ☐ Worried
- ☐ Depressed
- ☐ Unsure of myself
- ☐ Wanted to be alone
- ☐ Frustrated

Activity:

- ☐ I showered or took a bath.
- ☐ I was able to dress myself.
- ☐ I walked to the mail box.
- ☐ I walked around the block.
- ☐ I went to the gym.
- ☐ I laid in bed or on the sofa most of the day.
- ☐ I sat in my chair most of the day.
- ☐ I shared my day with someone.

Physical:

- ☐ Nausea and/or vomiting
- ☐ Insomnia
- ☐ Diarrhea
- ☐ Fatigue
- ☐ Fever over 101.5F

Other: _____

Patient/Caregiver Comments: _____

4. Journal – My Road to Sepsis Recovery

Date: _____

DAY 6

Medicines:

- ☐ took all medications as ordered by my doctor(s).
- ☐ I have questions / concerns about my medicines.

Diet:

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks: _____

Water Intake:

- ☐ 1 - 2 glasses
- ☐ 3 - 4 glasses
- ☐ 5 - 6 glasses
- ☐ 7 - 8 glasses

Alcohol Intake:

- ☐ None
- ☐ 1 - 2 drinks
- ☐ More than 2 drinks

Mood:

- ☐ Happy
- ☐ Peaceful
- ☐ Scared
- ☐ Worried
- ☐ Depressed
- ☐ Unsure of myself
- ☐ Wanted to be alone
- ☐ Frustrated

Activity:

- ☐ I showered or took a bath.
- ☐ I was able to dress myself.
- ☐ I walked to the mail box.
- ☐ I walked around the block.
- ☐ I went to the gym.
- ☐ I laid in bed or on the sofa most of the day.
- ☐ I sat in my chair most of the day.
- ☐ I shared my day with someone.

Physical:

- ☐ Nausea and/or vomiting
- ☐ Insomnia
- ☐ Diarrhea
- ☐ Fatigue
- ☐ Fever over 101.5F

Other: _____

Patient/Caregiver Comments: _____

4. Journal – My Road to Sepsis Recovery

Date: _____

DAY 7

Medicines:

- ☐ took all medications as ordered by my doctor(s).
- ☐ I have questions / concerns about my medicines.

Diet:

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks: _____

Water Intake:

- ☐ 1 - 2 glasses
- ☐ 3 - 4 glasses
- ☐ 5 - 6 glasses
- ☐ 7 - 8 glasses

Alcohol Intake:

- ☐ None
- ☐ 1 - 2 drinks
- ☐ More than 2 drinks

Mood:

- ☐ Happy
- ☐ Peaceful
- ☐ Scared
- ☐ Worried
- ☐ Depressed
- ☐ Unsure of myself
- ☐ Wanted to be alone
- ☐ Frustrated

Activity:

- ☐ I showered or took a bath.
- ☐ I was able to dress myself.
- ☐ I walked to the mail box.
- ☐ I walked around the block.
- ☐ I went to the gym.
- ☐ I laid in bed or on the sofa most of the day.
- ☐ I sat in my chair most of the day.
- ☐ I shared my day with someone.

Physical:

- ☐ Nausea and/or vomiting
- ☐ Insomnia
- ☐ Diarrhea
- ☐ Fatigue
- ☐ Fever over 101.5F

Overall:

- ☐ I felt **better** today than yesterday.
- ☐ I felt **worse** today than yesterday.

Other: _____

Patient/Caregiver Comments: _____

5. Sepsis Review Populations at Risk

Who is at risk?

Anyone can develop sepsis, but some people are at higher risk for sepsis

65+

Adults 65 or older

People with weakened immune systems

People with chronic medical conditions, such as diabetes, lung disease, cancer and kidney disease

People with recent severe illness or hospitalization

People who survived sepsis

Children younger than one

While certain populations are at a higher risk, **ANYONE** with **ANY** infection can become septic.

Preventing Infection

Take good care of chronic conditions

Get all recommended vaccines

Consistently practice good handwashing

Keeps cuts clean and covered until healed

6. Resources

Your pharmacy number: _____

Your doctor’s number: _____

Sepsis Alliance : www.sepsis.org

Sepsis Alliance is a voluntary health organization founded in 2004 by Dr. Carl Flatley, DDS, MSD, following the death of his daughter, Erin, to Sepsis. The motto of this organization is “So More Survive” as it focuses on raising awareness of sepsis by educating patients, families, and healthcare professionals to treat sepsis as a medical emergency.

This packet was created by doctors, nurses, other patients and their families to assist you in your recovery. Thank you for allowing us to care for you.

<https://www.cdc.gov/sepsis/pdfs/life-after-sepsis-fact-sheet.pdf>

<https://www.sepsis.org/sepsis-basics/post-sepsis-syndrome/>

