

Call for improvement in post-sepsis outcomes

January 2 2018

Despite improvement in the rates of people dying of sepsis in the hospital, the condition is still a leading cause of hospital readmissions and costs, as well as long-term disabilities and impairments, prompting University of Pittsburgh and University of Michigan medical scientists to develop thorough recommendations for post-hospital recovery care and future clinical trials.

The review, published today in the *Journal of the American Medical Association*, calls for a significant focus on developing an evidence-based approach to optimal care for the 14 million patients worldwide who survive hospitalization for sepsis each year.

"Current treatment guidelines emphasize interventions that reduce short-term mortality, but with little information on strategies to minimize physical disability, cognitive impairment or health deterioration after sepsis," said senior author Derek Angus, M.D., M.P.H., the Dr. Mitchell P. Fink Professor and chair of Pitt's Department of Critical Care Medicine. "We need to focus not only on saving the patient's life, but on ensuring the patient will have the best possible quality of life after leaving the hospital."

Sepsis is a life-threatening organ dysfunction that can develop following an infection. It is the leading cause of death of hospital patients, and half of survivors do not completely recover, with a third of those dying in the following year and a sixth experiencing severe, persistent physical disabilities or [cognitive impairment](#). In one study, only 43 percent of previously employed patients returned to work within a year of

contracting septic shock and only 33 percent of patients living at home prior to contracting sepsis returned to living independently by six months following their discharge.

Angus and lead author Hallie Prescott, M.D., M.Sc., assistant professor of pulmonary and [critical care medicine](#) in U-M's Institute for Healthcare Policy & Innovation, reviewed medical literature and compiled the results of studies - with particular emphasis on [clinical trials](#) - related to sepsis survivorship.

Despite a dearth of large clinical trials to test interventions aimed at improving outcomes for sepsis patients after hospital discharge, Angus and Prescott recommend three strategies that aim to prevent long-term disabilities:

- High-quality early sepsis care that includes rapidly following protocols to help the patient fight infection, managing pain through light sedation that allows for the patient to be awakened and reoriented daily, and encouraging early mobility while the patient is still hospitalized.
- Post-discharge assessment and treatment that gets patients into rehabilitation with physical, occupational and speech therapy shortly after discharge, and quick referral to therapists if new impairments develop.
- Screening of patients for conditions that may have been present prior to hospitalization, such as high blood pressure, and tailoring post-discharge medications to account for individual patients' increased susceptibility to new complications. Patients and their caregivers also should be educated about sepsis and details of their hospital stay, referred to patient and caregiver support groups, and encouraged to establish their goals for future care and quality of life.

"While we are making these recommendations based on available research, many important questions about post-sepsis morbidity remain unanswered," said Prescott. "Future research is needed to better characterize how pre-sepsis health affects long-term outcomes after [sepsis](#) so we can best tailor treatment and long-term recovery to the patient."

Provided by University of Pittsburgh Schools of the Health Sciences

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