

## PROTECT YOUR PATIENTS FROM SEPSIS.

Infections put your patients at risk for sepsis. Be alert to the signs and, when suspected, act fast.

Sepsis is the body's extreme response to an infection. It is life-threatening, and without prompt treatment, often rapidly leads to tissue damage, organ failure, and death.

SEPSIS STATS

More than

people get sepsis each year in the U.S.

At least

250,000

Americans die from sepsis each year About

1 IN 3 PATIENTS

who die in a hospital have sepsis

WHAT CAUSES SEPSIS?

The most frequently identified pathogens that cause infections that can develop into sepsis include *Staphylococcus aureus* (staph), *Escherichia coli* (E. coli), and some types of *Streptococcus* (strep).

Four types of infections that are often linked with sepsis:









Anyone can get an infection, and almost any infection can lead to sepsis. Some people are at higher risk of infection and sepsis:

WHO IS AT RISK?





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



People with weakened immune systems



## WHAT ARE THE SIGNS OF SEPSIS?

Signs of sepsis can include any one or a combination of the following:











Sepsis is a medical emergency. Protect your

patients by acting fast. Your patients' risk of death

increases with delayed

of sepsis.

recognition and treatment



## **HOW CAN I GET AHEAD OF SEPSIS?**

Healthcare professionals can:

- **Know sepsis signs** to identify and treat patients early.
- Act fast if you suspect sepsis.
- **Prevent infections** by following infection control practices (e.g., hand hygiene, catheter removal) and ensuring patients receive recommended vaccines.
- Educate your patients and their families about:
  - Preventing infections.
- Keeping cuts clean and covered until healed.
- Managing chronic conditions. Recognizing early signs of worsening infection and sepsis and seeking immediate care if signs are present.

## WHAT SHOULD I DO IF I SUSPECT SEPSIS?

Know your facility's existing guidance for diagnosing and managing sepsis.

- · Immediately alert the clinician in charge if it is not you.
- · Start antibiotics as soon as possible, in addition to other therapies appropriate for the patient.
- Check patient progress frequently. Reassess antibiotic therapy within 24-48 hours to stop or change therapy as needed. Be sure antibiotic type, dose, and duration are correct.

Learn more about sepsis and how to prevent infections: www.cdc.gov/sepsis.

KNOW THE RISKS. SPOT THE SIGNS, ACT FAST.

