



Dear Coach:

Your athlete was recently hospitalized with a common but not well-known condition called sepsis. Sepsis is your body's toxic response to infection. This major healthcare issue involves over 1.7 million hospitalizations each year in the United States alone, and claims over 270,000 lives¹. Every day, more than 200 children in the U.S. are diagnosed with severe sepsis, which is more than 75,000 cases per year.²

Currently, up to one-half of sepsis survivors who are admitted to the hospital are left with long-term and frequently life-altering effects. These are particularly common among patients who were treated in intensive care units (ICU), as well as with those who have spent a long period of time in the hospital.

Sepsis Alliance is a not-for-profit organization dedicated to raising awareness of sepsis as a medical emergency and supporting those affected by sepsis. We frequently receive messages from people living with long-term effects after surviving sepsis. This is called post-sepsis syndrome (PSS).

Unfortunately, many parents of survivors receive no warning that their children may not "bounce back" once the initial crisis is over. Studies have shown that nearly half of child sepsis survivors need to be readmitted to the hospital at least once for additional care after surviving sepsis.³ More than 1 in 3 children who survive severe sepsis or septic shock do not return to their previous level of functioning 28 days after their hospital discharge.⁴ This might have an impact on academic, athletic, or even social functioning. A straight-A student may no longer be able to concentrate or retain information. An athlete may not have the stamina to perform at his or her previous level. A social butterfly may withdraw and avoid friends and classmates.

¹ <https://jamanetwork.com/journals/jama/fullarticle/2654187>

² <https://www.ncbi.nlm.nih.gov/pubmed/23897242>

³ <https://www.ncbi.nlm.nih.gov/pubmed/19255013>

⁴ <https://www.ncbi.nlm.nih.gov/pubmed/24108117>

Additionally, there are often invisible lasting effects, such as chronic fatigue, pain, memory loss, and others. We don't yet know the specific causes of these issues, but possibly they have something to do with changes in the blood circulation along with sepsis-associated changes in the brain, muscles, and nerves.

Post-traumatic stress disorder (PTSD) is another problem that affects many sepsis survivors. In 22% of cases where patients are admitted to an ICU, the psychological changes are severe enough to warrant a PTSD diagnosis. People with sepsis who were treated in an ICU are also more likely to develop PTSD than other ICU survivors.

One issue frequently brought to our attention is that survivors with PSS feel their concerns are not taken seriously by others. We need to work together to ensure that children who survived sepsis receive the medical, rehabilitative, academic, and social support they require.

To this end, we have made this letter available to those who are seeking help for what they believe to be post-sepsis syndrome. We ask that if you are not already knowledgeable about sepsis, to please visit sepsis.org to learn more about the condition and the possible lasting effects. We ask that teachers and support staff take into consideration the issues that are faced by many sepsis survivors with whom they work, and formulate plans to help the students reach their potential, whatever that may be.

If you would like more information about sepsis or Sepsis Alliance, I invite you to visit our website at Sepsis.org, call us at 619-232-0300, or email us at info@sepsis.org. We would be pleased to offer our assistance as we all work together to provide a better future to sepsis survivors and their loved ones.

Sincerely,

Steven Q. Simpson, MD
Medical Director, Sepsis Alliance
