

Dear <Dr Name>

D/MM/YYYY

Re: Post-sepsis syndrome and sepsis recovery

You are receiving this letter because your patient <patient name> (<DOB>) was recently treated at <hospital name> for sepsis. The attached discharge summary provides details of the care they received as an inpatient.

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

Post-sepsis syndrome (PSS) affects about 50% of sepsis survivors. It includes long-term physical, cognitive and mental health effects. The risk of PSS is higher among people treated in an intensive care unit or those who had an extended hospital stay. Although PSS can affect people of any age, older sepsis survivors are at higher risk for long-term cognitive impairment and physical problems. Some of these lasting problems have a clear presentation, such as:

- Amputations as a result of tissue necrosis due to sepsis
- Respiratory difficulties (sepsis is the commonest cause of acute respiratory distress syndrome)
- Other organ dysfunction (for example, heart failure, kidney or liver impairment)
- Recurrent infections.

Less overt lasting effects include:

- Muscle wasting, joint pain and peripheral neuropathy
- Chronic fatigue
- Vision or speech disturbances
- Skin, hair, teeth and nail problems
- Insomnia
- Anxiety, depression and mood swings
- Panic attacks, vivid dreams or hallucinations (post-traumatic stress disorder is common after sepsis)
- Poor concentration and/or reduced cognitive functioning.

You play a vital role in coordinating post-sepsis care, bridging the gap between hospital and community services.

Vigilance in recognising PSS can reduce the ongoing health effects of sepsis, minimise recurrence, and reduce rehospitalisations. Screening for new physical, mental and cognitive deficits after sepsis, in addition to managing patients' immediate needs for referral to the most appropriate care, is critical. You may wish to consider providing referrals for:

- Physical support, such as physiotherapy or neurorehabilitation
- Emotional and psychological support (counselling, cognitive behavioural therapy or neuropsychiatric assessment)
- Dietetics and gastroenterological assessment.

Thank you for considering this guidance on providing comprehensive and coordinated care for sepsis recovery. If you have any questions or concerns in relation to the patient's condition, please do not hesitate to contact <hospital clinician and/or care coordinator name> at <healthcare service details>.

For more information and resources on sepsis, visit www.sepsis.org.nz

Sincerely,

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