

High-Risk Sepsis Survivors and End-of-Life Care



Sepsis is a common condition encountered in hospitals and is associated with high morbidity and mortality. However, with advances in treatment, aggressive management and early institution of antibiotics, the number of sepsis survivors has increased.

Each year in the US alone, over a million patients are discharged after being treated for sepsis. However, these are high-risk sepsis survivors and many of these patients have a poor quality of life, functional impairment and cognitive deficits, which increase the risk of hospital readmission and mortality.

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Factors that increase the risk of death in these patients have not been well studied. In this study, the researchers tried to determine the risk factors for long term mortality and patterns of end of life care among sepsis survivors who were Medicare beneficiaries and had been discharged to home care.

The study involved 87,581 adult sepsis survivors who had been discharged to home healthcare. The researchers looked at home health assessment within 1 week of discharge. The outcomes were 1-year mortality among all sepsis survivors and hospitalisation in the last 30 days of life, death in an acute care hospital, and hospice use among decedents.

The results revealed that 25% of the survivors died within 12 months of discharge. Among the 75% that remained, many required repeat hospitalisation and intensive care unit admission during the last 30 days of life. In-hospital deaths were also common in this group. Of the total survivors who were discharged, 24,423 (27.9%) died within 12 months of discharge, with an average survival time of 119 days (51-220). Among survivors, nearly 68.2% needed to be admitted in the last 30 days of life and 51.4% were enrolled in hospice. There was a high prevalence of dyspnoea and uncontrolled pain after discharge, two factors that were the primary reasons for admission.

Other factors also found to be associated with 1-year mortality included a diagnosis of cancer, inability to perform daily living activities and overall poor health stats. In older patients with cancer, hospice was frequently utilised.

The conclusion of this study was that some type of home health assessment is required to identify high-risk sepsis survivors and efforts should be made to improve end of life care. A significant number of sepsis survivors had pain and dyspnoea, with a poor quality of life. Repeat admissions were common and in many cases, palliative care was delayed. In view of this, early home care services and enrollment in hospice care is recommended to alleviate the suffering of these patients.

Source: [JAMA](#)

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