

Readmission rates above average for survivors of septic shock, study finds

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A diagnosis of septic shock was once a near death sentence. At best, survivors suffered a substantially reduced quality of life.

Penn Medicine researchers have now shown that while most patients now survive a hospital stay for septic shock, 23 percent will return to the hospital within 30 days, many with another life-threatening condition—a rate substantially higher than the normal readmission rate at a large academic medical center. The findings are published in the new issue of *Critical Care Medicine*.

"Half of patients diagnosed with sepsis are treated outside of the Intensive Care Unit at their initial admission," says senior author Mark Mikkelsen, MD, MSCE, associate director of the Medical Intensive Care Unit and assistant professor of Pulmonary, Allergy and *Critical Care Medicine* at the Perelman School of Medicine at the University of Pennsylvania. "Part of what makes these findings so troubling is that so many of these patients return to the hospital after discharge and that frequently these hospitalizations are due to another life-threatening condition. We have come so far in understanding how to tame the initial infection that we have minimal understanding of what life is like for these patients once they leave the hospital."

Septic shock, the most severe form of sepsis, is the body's response to a severe bacterial bloodstream infection that is often systemic. It can lead to multi-system organ failure and death. It most often affects patients whose immune systems are already compromised by illnesses such as cancer, cardiovascular disease or advanced age. These patient's immune systems simply do not have the ability to fight off such a severe infection.

Mikkelsen and colleagues examined retrospective data on 269 patients admitted to one of three University of Pennsylvania Health System hospitals with a diagnosis of [septic shock](#) who

were discharged to a non-hospice setting between 2007 and 2010.

In 78 percent of cases, the reason for readmission was related to the initial/unresolved sepsis hospitalization, accounting for 46 percent of all 30-day readmissions. Other common complications included new conditions such as cardiovascular illnesses or blood clots. One out of six readmissions resulted in death or a transition to hospice.

Patients that were readmitted, the researchers found, were more likely to have been hospitalized within the prior 30 days or to have cirrhosis, cancer, or to have had a prolonged [hospital stay](#). The researchers note that further examination of these trends and potential prevention strategies is especially important in light of the potential for Centers for Medicare and Medicaid Services to expand readmission penalties for patients with sepsis in addition to those with heart attacks, heart failure and pneumonia.

"Our hope is that these findings will give a new urgency to the need for better patient education regarding the signs of a recurrent infection and common reasons for readmission in addition to improved discharge planning to keep these [patients](#) healthy and from returning to the hospital," Mikkelsen says.

Provided by University of Pennsylvania School of Medicine

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