

Sepsis Clinical Care Standard

Discharge planning guide for patients with sepsis

Who this resource is for

This resource is designed for healthcare services and clinicians. The principles apply whether the patient is being discharged to their place of residence or to another healthcare service.

Why is discharge planning important for sepsis patients?

Comprehensive care planning includes the transition from the health service organisation to home or another service (see [Comprehensive Care Standard, Action 5.13d](#)).

Patients with sepsis have a high risk of hospital readmission – around 40% of adult sepsis survivors are readmitted to hospital within three months of discharge.¹ Post-sepsis symptoms are common but under-recognised by clinicians. This has been called **post-sepsis syndrome** (PSS). Sepsis survivors may have ongoing healthcare needs that require coordination after discharge. Discharge planning for sepsis patients can support the management of new and persisting physical, cognitive and mental health issues, and enhance patient recovery. It is a key recommendation of the *Sepsis Clinical Care Standard* (Quality statements 6 and 7).

Who should be involved?

When planning for discharge, a multidisciplinary approach is recommended. The following individuals and teams should be consulted as part of the discharge planning process, depending on the service offered by the organisation:

- Treating doctor(s) and coordinating clinician(s)
- Nursing team, including clinical nurse consultants and specialist nurses

- Allied health professionals, including physiotherapists, occupational therapists, respiratory therapists, psychologists, dietitians and social workers
- Patients, and their families and carers
- General practitioner (GP) and/or general practice clinic
- Aboriginal medical service or Aboriginal community controlled health organisation, if applicable
- Pharmacist
- Pain management team, if available and applicable
- Infectious diseases specialist, if applicable
- Critical care unit staff, if applicable
- Aboriginal and Torres Strait Islander liaison officers and translators, if requested.

How to use this resource

This resource describes recommended actions across several care domains for improved discharge planning and support for patients and their families after hospitalisation with sepsis. Healthcare services can use this resource to develop or supplement sepsis policies or care guidelines, and to support implementation of the *Sepsis Clinical Care Standard*.

The recommended actions are summarised in the **discharge planning tool**. Healthcare services can use this tool to inform their own discharge procedures for sepsis patients.

Discharge summaries should be prepared according to the *National Guidelines for On-Screen Presentation of Discharge Summaries*.²

Discharge planning tool

Care domain and action	Yes	Note
Preparing for discharge and coordination of referrals		
Identify and contact the patient's GP, clinic and/or Aboriginal medical service or Aboriginal community controlled health organisation before discharge to facilitate transfer of care	<input type="checkbox"/>	
Ensure that follow-up arrangements and referrals are made before discharge	<input type="checkbox"/>	
Consider and action the unique needs of patients discharging to rural and remote communities	<input type="checkbox"/>	
Survivorship and management of post-sepsis syndrome		
Assess the patient for new or persisting physical, psychological or cognitive deficits and direct them to the required services or resources	<input type="checkbox"/>	
Discharge medication management		
Ensure that sufficient supply of required medicines will be available for the patient at discharge	<input type="checkbox"/>	
Alignment with post-critical care follow-up		
Align post-sepsis management with existing post-critical care follow-up arrangements at the facility	<input type="checkbox"/>	
Documentation and discharge summary requirements		
Prepare a discharge summary ² containing: <ul style="list-style-type: none"> ■ Sepsis as a diagnosis ■ Management plan ■ Medicines list ■ Follow-up appointments and referrals ■ Name and contact details of a clinician who can be contacted about the patient's sepsis care in hospital ■ Discharge referral letter to the GP, clinic and/or Aboriginal medical service, including sepsis diagnosis, and information about post-sepsis syndrome and care needs 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Provide the discharge summary to the patient and/or family, and discuss the discharge plan and requirements with them (NSQHS Standards, Action 2.10d)	<input type="checkbox"/>	
Provide the discharge summary to the patient's GP, clinic and/or Aboriginal medical service in a timely way to enable ongoing care (including to rural or remote location) (NSQHS Standards, Action 6.8)	<input type="checkbox"/>	
If the patient died		
Document sepsis on the patient's death certificate, if appropriate	<input type="checkbox"/>	
Inform the patient's GP, clinic and other regular clinicians in primary and community health care of the death	<input type="checkbox"/>	

Care domain and action	Yes	Note
Patient and carer education and information		
Engage translation services, if required	<input type="checkbox"/>	
Provide the patient information brochure	<input type="checkbox"/>	
Discuss <u>post-sepsis syndrome</u>	<input type="checkbox"/>	
Discuss the signs of deterioration and what to do in response	<input type="checkbox"/>	
Provide comprehensive information on the medicines list	<input type="checkbox"/>	
Discuss basic measures to reduce the risk of readmission, including necessary vaccinations	<input type="checkbox"/>	
Discuss psychological impacts, including grief, trauma, depression and adjustment	<input type="checkbox"/>	
Peer support		
Discuss and action referral to social work services or counselling	<input type="checkbox"/>	
Discuss and action referral to peer sepsis support groups	<input type="checkbox"/>	
Bereavement care (if the patient died)		
Provide the family or carer with information about the events leading to the person's death, immediately or at a follow-up discussion, including open disclosure if relevant to the circumstances	<input type="checkbox"/>	
Facilitate time with the person who has died	<input type="checkbox"/>	
Offer immediate bereavement counselling	<input type="checkbox"/>	
Discuss and action referral to a social worker or bereavement service	<input type="checkbox"/>	
Discuss and action referral to a peer support group	<input type="checkbox"/>	

Preparing for discharge and coordination of referrals

Communication and coordination between the acute service and the patient's GP or those providing care in the community are essential to safe transitions of care. When planning for discharge:

- Identify the patient's coordinator of care following discharge (that is, the receiving clinician)
 - this will be the patient's nominated GP or paediatrician or, when appropriate, Aboriginal medical service or Aboriginal community controlled health organisation
 - if the patient does not have a GP, they should be offered referral to a GP or clinic
- Assess the patient for new and persisting physical, cognitive and mental health issues (including PSS), and ensure that the required follow-up arrangements and referrals are made before discharge
- For patients discharging to rural and remote communities
 - identify unique needs after discharge from hospital
 - consider where digital health technologies might support coordinated care – for example, telehealth services might enable access to specific health professionals, including counsellors and psychologists, where they are not readily available in the local community.

Having a staff member responsible for coordinating sepsis care (that is, a sepsis coordinator) can help healthcare services facilitate the transition of care.

Survivorship and management of post-sepsis syndrome

PSS affects up to 50% of adult sepsis survivors.^{3,4} It includes long-term physical, cognitive and psychological effects. The risk of having PSS is higher among adults admitted to an intensive care unit (ICU) or those who had an extended hospital stay. Although post-sepsis symptoms can affect people of any age, older sepsis survivors are at higher risk for long-term cognitive impairment and physical problems.⁵ We are still learning how children are affected by PSS.

PSS presentation can be variable. The most common symptoms in adults are cognitive disabilities, decline in physical functioning, difficulties in performing routine daily activities and poor quality of life.⁶

Post-sepsis syndrome

In adults, PSS complications may include one or more of the following signs and symptoms:

Physical signs and symptoms

- Extreme fatigue and chronic pain
- Poor mobility, and disabling muscle and joint pain
- Breathing difficulties
- Impaired organ function (for example, heart, kidney or liver impairment)
- Repeated infections
- Nutritional/diet impairment
- Vision or speech problems
- Skin, hair, teeth and nail problems
- Insomnia

Psychological and emotional symptoms

- Anxiety
- Depression
- Loss of self-esteem
- Vivid dreams
- Hallucinations
- Panic attacks
- Poor concentration and memory loss
- Decreased mental or cognitive functioning
- Mood swings

Many sepsis survivors also report symptoms of post-traumatic stress disorder (PTSD).

In children, the signs and symptoms vary according to age. Children who survive sepsis can experience deterioration in health-related quality of life as a result of the effects of the illness on their physical, psychosocial and educational functioning. Families of children affected by sepsis also show impacts on their functioning.

Sepsis may be associated with subsequent cognitive impairment in children. Children and neonates may also experience neurodevelopmental impacts, and vision and hearing impairment.⁷

Doctors and other healthcare professionals should be vigilant in recognising post-sepsis effects as sepsis survivors progress through their recovery. This may involve looking for standalone and interrelated physical, psychological and cognitive deficits after sepsis. In this way, patients can be directed to the most appropriate care or resources, including receiving referrals for:

- Pain management (by pain specialists)
- Physical support such as physical therapy, occupational therapy or neurorehabilitation
- Specialist immunotherapy
- Family support (from social workers)
- Emotional and psychological support (counselling, cognitive behavioural therapy)
- Neuropsychiatric assessment
- Dietetics and gastroenterological assessment.

Preparing patients and family members or carers with clear information about likely or possible post-sepsis effects is central to improving health outcomes following discharge.

Provide the patient with a discharge referral letter to advise their GP and/or Aboriginal health worker of the possibility of PSS and to communicate the care that the patient might need to receive after discharge from hospital to manage PSS. This care includes ongoing evaluation and treatment by primary and specialty care providers for adult and paediatric sepsis survivors. The discharge summary and discharge referral letter should be electronically available (for example, via the My Health Record system) to any subsequent healthcare providers who may provide post-discharge care.

Discharge medication management

A critical part of discharge medication planning relates to antibiotic treatment in hospital, any ongoing antibiotic treatment at discharge, medicines for pain relief and other medicines.

If the patient is being treated with antibiotics at discharge, consider potential barriers to access, including cost or remoteness, and ensure that the patient can continue their treatment after discharge. This may mean checking that the antibiotics will be available in the community, particularly in rural or remote areas, and that patients have an adequate supply if there may be a delay between leaving hospital and having antibiotics prescribed or dispensed.

As part of hospital discharge, pain should be assessed, and a pain management discharge plan should be developed, if required. Appropriate pain relief medicines should be prescribed.

On discharge, provide the patient, and their family or carer with required information and education on their medicines.

Alignment with post-critical care follow-up

In addition to coordinated rehabilitation and access to specific support services, healthcare services may choose to align sepsis management with existing post-critical care follow-up mechanisms. Such programs aim to optimise patient outcomes and prevent readmission for associated complications (including recurrence of sepsis). This may be applicable to sepsis patients with:

- ICU or paediatric ICU admission
- Organ dysfunction (for example, respiratory or renal failure)
- Physical disability (for example, amputation)
- Cognitive issues.

Where post-critical-care programs exist, consider their benefits for patients treated for sepsis, given the similarities between PSS and post-intensive care syndrome.

The follow-up needs and services required for sepsis survivors may differ from those for other intensive care patients; use clinical judgement and consult with the post-critical care program to assess the benefit to the individual patient.

Documentation and discharge summary requirements

Accurate and careful exchange of information about a person's care between treating clinicians; with members of a multidisciplinary team; and between clinicians and patients, families and carers is essential for improved patient outcomes.

Ensure that the diagnosis of sepsis is recorded in the patient's discharge summary, and, where available, their My Health Record. This will allow clear communication at the transition of care, reduce the risk of adverse events resulting from missing information, and facilitate continuity of care after transition from the service.

Ensure that the receiving clinician(s) receive:

- A discharge summary that includes
 - a comprehensive plan outlining follow-up requirements and referrals
 - a current medicines list
 - details of the hospital clinician who can be contacted regarding management of the patient's sepsis in hospital, and the sepsis coordinator at the hospital (if there is one)
- Education materials about sepsis and patient care needs.

Ensure that the patient receives the discharge summary at the point of discharge, in the most efficient way (if possible, electronically via their My Health Record or in hard copy, rather than post-discharge by mail or fax).

For patients discharging to rural and remote communities:

- Ensure that enough time is allowed for communication and dissemination of information to receiving clinicians
- Consider active and direct contact (for example, via telephone) to facilitate exchange of the patient's health information to the receiving post-discharge healthcare provider, in support of the patient's transition of care.

In the case of a death from sepsis, ensure that sepsis is written on the death certificate and that the patient's GP and primary carer are informed about the death, in case of delay in receiving the discharge summary.

Patient and carer education and information

For survivors of sepsis and septic shock and their families and carers, consider providing information in the written and verbal hospital discharge summary on the following:

- The nature and length of sepsis recovery
- PSS, including its effects and likely presentation
- A follow-up plan for discharge, which includes referral to specific healthcare professionals
- The need for infection prevention and control measures (including ensuring that vaccinations are up to date) to reduce the risk of re-hospitalisation for infection or sepsis
- Information on the post-discharge medication regimen
 - an accurate medicines list and information on the rationale behind the treatment
 - clear information on how to take the prescribed medicines correctly, the duration of treatment, restrictions and precautions associated with prescribed medicines, potential adverse effects and potential drug interactions
 - information on arrangements for accessing ongoing medicines supply
 - a plan for reviewing the treatment, particularly if antimicrobials are required
- The signs of deterioration and the required actions if they are concerned
- The psychological impacts associated with traumatic diagnosis and hospital admission, and grief associated with changes in function (or limb loss)
- The benefits of peer support programs for sepsis survivors and information about how to access these.

Ensure that the information and education you provide is culturally appropriate, culturally safe and free from bias or assumptions. If age-appropriate, assess the patient's and family members' understanding of this information through discussion.⁸ Arrange translation services for culturally and linguistically diverse groups, if required.

Cultural safety measures should be in place to ensure that Aboriginal and Torres Strait Islander people receive appropriate care and support upon diagnosis of sepsis and at discharge. This may involve Aboriginal and Torres Strait Islander clinicians, Aboriginal and Torres Strait Islander liaison officers, and interpreters.

The Australian Commission on Safety and Quality in Health Care has developed patient information resources for adults and paediatric patients that can be considered for patients (and their families or carers) with a diagnosis of sepsis.

Peer support

In addition to arranging access to emotional and psychological support, including social work services and counselling for patients and their families and carers, encourage sepsis survivors and their families and carers to participate in peer support or advocacy groups to support recovery following sepsis.

In these groups, members share their experiences, relate to others who have been through a similar experience and provide practical help to each other. Peer support groups include:

- [Australian Sepsis Network](#)
- [Australia & NZ Sepsis Support Group](#)
- [Children's Health Queensland Hospital and Health Services – Peer Mentor Program](#)
- [Maddy Jones Foundation](#) (Queensland)
- [Mandy and Rod McCracken](#) (Victoria)
- [Movement For Mia](#) (Queensland – children)
- [Reaching 4 Korina](#) (New South Wales)
- [Renovating Matthew](#) (Queensland)
- [Sepsis Awareness Tasmania](#)
- [T 4 Thomas](#) (Northern Territory).

In case of limb amputation:

- [Amputee & Families Support Group Queensland](#)
- [Amputees NSW](#)
- [Amputees in Touch South Australia](#)
- [Limbs4kids](#)
- [Limbs4Life.](#)

Bereavement care

If appropriate or requested, families and carers should receive support both before and after the death of a loved one from sepsis. Specialist advice about recognising and responding to grief and bereavement should be sought from palliative care, bereavement support and social work services, including referral, when needed. This support includes the following:

- Refer families and carers to social work services for anticipatory grief support, if appropriate
- Provide families and carers with information about the events leading up to the person's death and the treatment provided (from the treating doctor or care coordinator), both at the time of the event and by offering or arranging a follow-up discussion at a later date
- Facilitate time with the person who has died, if requested
- Offer immediate bereavement counselling from trained staff
- Refer family members and carers to allied health professionals such as social workers or [spiritual health practitioners](#), if appropriate
- Recognise cultural, religious and personal differences in responding to death, and be sensitive to the preferences of the person's family
- Offer families or carers referral to sepsis peer support and advocacy groups for people who have lived experience of bereavement and/or to a linked or independent bereavement service.

If a formal bereavement service associated with the health service is not available, the following options could be considered in partnership with the bereaved.

National:

- [Australian Centre for Grief and Bereavement](#)
- [Beyond Blue](#)
- [Griefline](#)
- [Hope Bereavement Care](#)
- [Lifeline](#)
- [National Association for Loss and Grief](#)
- [The Compassionate Friends Australia.](#)

States and territories:

- [Associated Counsellors & Psychologists \(Sydney\)](#)
- [Bereavement Care Network Tasmania](#)
- [Canberra Grief Centre](#)
- [Children's Health Queensland Hospital and Health Service](#)
- [Grief Centre of Western Australia](#)
- [Grief Counselling and Support \(Queensland Government\)](#)
- [GriefLink \(South Australia Health and University of Adelaide\)](#)
- [The Compassionate Friends Victoria.](#)

For families affected by the death of a baby or child:

- [Children's Health Queensland Hospital and Health Service – Peer Mentor Program](#)
- [Red Nose](#)
- [Sands Australia](#)
- [SIDS & Kids NT](#)
- [SIDS and Kids South Australia](#)
- [SIDS and Kids Tasmania.](#)

More information about sepsis programs and resources

- [Australian Sepsis Network](#)
- [National Sepsis Program](#)
- [Sepsis Clinical Care Standard](#)
- Your local or state or territory sepsis program.

Questions?



Find out more about the *Sepsis Clinical Care Standard* and other resources. Scan the QR code or use the link safetyandquality.gov.au/sepsis-ccs.

References

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4. Mostel Z, Perl A, Marck M, Mehdi SF, Lowell B, Bathija S, et al. Post-sepsis syndrome: an evolving entity that afflicts survivors of sepsis. *Mol Med* 2020;26:6.
5. Iwashyna TJ, Ely EW, Smith DM, Langa KM. Long-term cognitive impairment and functional disability among survivors of severe sepsis. *JAMA* 2010;304(16):1787–94.
6. Gritte RB, Souza-Siqueira T, Curi R, Machado MC, Soriano FG. Why septic patients remain sick after hospital discharge? *Front Immunol* 2021;11:605666.
7. Australian Commission on Safety and Quality in Health Care. Sepsis survivorship: a review of the impacts of surviving sepsis for Australian patients. Sydney: ACSQHC; 2020.
8. Evans L, Rhodes A, Alhazzani W, Antonelli M, Coopersmith CM, French C, et al. Surviving Sepsis Campaign: international guidelines for management of sepsis and septic shock 2021. *Crit Care Med* 49(11):1063–143. journals.lww.com/ccmjournal/Fulltext/2021/11000/Surviving_Sepsis_Campaign_International.21.aspx.

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