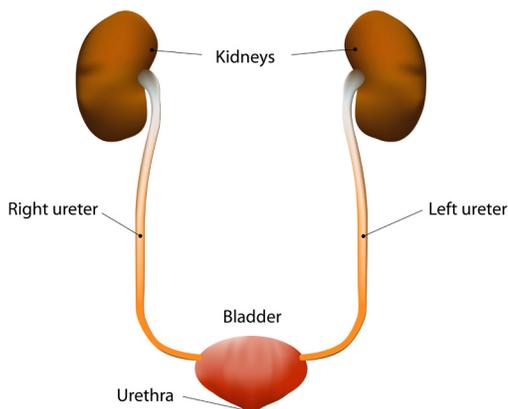


# Sepsis *and* UTIs

Urinary tract infections, or UTIs, are common infections that affect more women than men. Most often, they are treated quickly and effectively with antibiotics. Unfortunately, not all UTIs are identified and treated quickly. An untreated UTI may spread to the kidney, causing more pain and illness. It can also cause sepsis. Urinary tract infections are one of the most common causes of sepsis among older adults. The term urosepsis is often used to describe sepsis caused by a UTI.

Sometimes incorrectly called blood poisoning, sepsis is the body's often deadly response to infection. Sepsis kills and disables millions and requires early suspicion and rapid treatment for survival.

Worldwide, one-third of people who develop sepsis die. Many who do survive are left with life-changing effects, such as post-traumatic stress disorder (PTSD), chronic pain and fatigue, organ dysfunction (don't work properly) and/or amputations.



## WHAT IS A UTI?

A UTI is an infection in the urinary tract, which runs from your kidneys, through the ureters, the urinary bladder and out through the urethra.

A UTI can be caused by bacteria (the most common type of infection) or a fungus.

## HOW DO YOU GET UTIs?

Bacteria can enter the urethra through wiping after going to the bathroom, sexual activity, or unsanitary conditions.

In the case of a fungal infection, usually the fungus gets to the urinary tract through the blood stream. Those who develop this type of infection are usually ill with a disease that has compromised their immune system, such as AIDS.

# COMMON SYMPTOMS

Common symptoms of a UTI include:

- Sudden and extreme urges to void (pass urine)
- Frequent urges to void
- Burning, irritation or pain as you void
- A feeling of not emptying your bladder completely
- A feeling of pressure in your abdomen or lower back
- Thick or cloudy urine – it may contain blood
- Fever
- Pain in the lower flank, part of the back where your kidneys are located
- Nausea and vomiting
- Fatigue

Seniors may not show any of these signs or they may be too subtle to notice. An added symptom among this age group is confusion. Often, if a senior's behavior changes suddenly, they may have an undiagnosed UTI.

# TREATMENT

Antibiotics will treat UTIs caused by bacteria, and anti-fungals will treat infection caused by a fungus. You also would be encouraged to drink a lot of water, to help flush out the infection.

It is essential that you complete your full prescription, taking all the antibiotics you receive, even if you feel 100% again.

# INFECTION FAQs

## Why does having a UTI put me at risk for developing sepsis?

If you have a UTI, your body will be working very hard to combat the infection. Any infection can quickly cascade and turn into a potentially fatal case of sepsis.

## What is the difference between infection and sepsis?

An infection occurs when germs enter a person's body and multiply, causing illness, organ and tissue damage, or disease. For people with a UTI, the infection can turn serious, or even deadly, very fast.

Sepsis is the body's overwhelming and life-threatening response to infection, which can lead to tissue damage, organ failure, and death. Any infection that is anywhere in your body can lead to sepsis.

## What are the signs and symptoms of sepsis?

Sepsis is a toxic response to an infection. There is no single sign or symptom of sepsis. It is, rather, a combination of symptoms. Symptoms can include ANY of the following:

- S** – Shivering, fever, or very cold
- E** – Extreme pain or general discomfort (“worst ever”)
- P** – Pale or discolored skin
- S** – Sleepy, difficult to rouse, confused
- I** – “I feel like I might die”
- S** – Short of breath

## What should I do if I think a loved one or I have sepsis?

If you suspect sepsis, call 9-1-1 or go to a hospital and tell your medical professional, “I AM CONCERNED ABOUT SEPSIS.”



**SEPSIS ALLIANCE**

*Suspect Sepsis. Save Lives.™*

*Sepsis Information Guides are supported in part by an educational grant from Merck & Co., Inc.*

*The information in this pamphlet is intended for educational purposes only. Sepsis Alliance does not represent or guarantee that this information is applicable to any specific patient's care or treatment. The educational content here does not constitute medical advice from a physician and is not to be used as a substitute for treatment or advice from a practicing physician or other healthcare provider. Sepsis Alliance recommends users consult their physician or healthcare provider regarding any questions about whether the information in this pamphlet might apply to their individual treatment or care.*