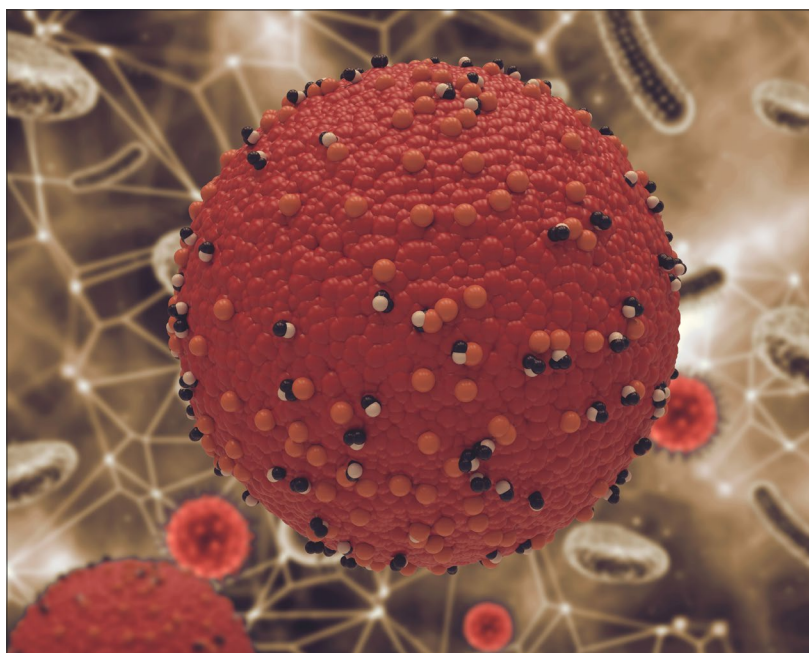


Other Specified Sepsis

Sepsis is the overpowering and life-threatening response by the body's immune system to septicaemia. Sepsis can lead to tissue damage, organ failure and death. Septicaemia occurs when micro-organisms, such as bacteria, enter the bloodstream and cause blood poisoning by spreading through the body from the initial point of infection. Sepsis can occur with bacterial, viral and fungal infections. Other specified sepsis is the term used to describe sepsis when the specific infection causing the sepsis has been identified or does not fall under more specific medical codes used for sepsis.



Sepsis occurs when the body's immune system is triggered by an infection in the blood and then "overreacts" in its efforts to remove the infection from the body. The overreaction can lead to tissue and organ damage all over the body and can result in shock (a life-threatening drop in blood flow), multiple organ failure and death.

- Any other uncontrolled infection in the body, be it skin, sinuses, hospital-acquired antibiotic-resistant sepsis, etc

Risk factors

Although anyone with an infection can develop sepsis, certain groups in the population have a higher risk of developing sepsis if they have an infection:

- Babies up to one month of age
- People older than 65 years of age
- Pregnant or women who were recently pregnant
- People with weakened immune systems, like those with HIV or those undergoing chemotherapy
- Staying in the hospital for a long time can increase the risk of sepsis

Causes of Sepsis

Anyone with an untreated infection can develop sepsis. The common causes of sepsis include:

- Infections of the respiratory system, like pneumonia,
- Infections of the gastrointestinal system,
- Infections of the genitourinary tract, such as urinary tract or kidney infections
- Infections of the central nervous system, like meningitis
- Indwelling catheter sites in healthcare settings

- People with chronic diseases such as diabetes, kidney disease or chronic obstructive pulmonary disease
- People with a history of frequent or prolonged antibiotic use
- People with medical devices inserted in their bodies

Signs and symptoms of Sepsis

Sepsis can appear with different signs and symptoms at different times in its progression. Some common symptoms are:

- Fast/high heart rate
- Fever or low temperature and shivering
- Confusion
- Difficulty breathing or rapid breathing
- Clammy and sweaty skin (cold and damp skin)
- Extreme body pain or discomfort

The signs and symptoms can appear differently in children, and it is important to look out for:

- Fast breathing
- Convulsions
- Pale skin
- Lethargy (tiredness)
- Difficulty waking up or staying awake
- Feeling cold to the touch

In children below the age of 5 years, sepsis can also cause difficulty in feeding, lack of urination and frequent vomiting.

Complications of Sepsis

Sepsis can progress to septic shock, and some symptoms of shock include:

- Fast/high heart rate, weak pulse or low blood pressure
- Low urine output
- Extreme confusion
- Loss of consciousness

Other complications of sepsis include decreased blood flow to vital organs such as the kidneys and heart. Sepsis also causes the blood to clot abnormally. The clots formed can lead to less blood flow to organs, as well as burst blood vessels, resulting in tissue and organ damage.

Prevention of Sepsis

Prevention of sepsis requires both community and health-care interventions.

In communities, infections can be prevented by:

- Practising good hygiene, including handwashing
- Ensuring that one is up to date with recommended vaccines
- Keeping up to date with medical care for chronic conditions
- Keeping cuts and wounds covered and clean until they are healed
- Getting medical care immediately if an infection is suspected

In healthcare facilities, sepsis can be prevented by practising appropriate infection prevention and infection control measures (such as correct hand hygiene and keeping equipment clean) as well as the appropriate use of antibiotics. Early recognition of sepsis can reduce the risk of it progressing to death.

Diagnosis of Sepsis

The diagnosis of sepsis involves using clinical signs and symptoms, laboratory tests as well as imaging studies.

Clinical vital signs, such as heart rate, respiratory rate, temperature, and blood pressure, aid in the diagnosis of sepsis. Blood samples can be taken to test for evidence of infection, to identify blood-clotting problems, to check liver and kidney function, to assess the oxygen needs of the body, and to check for electrolyte imbalances.

Other samples, such as urine and stool samples, liquid from the wound and mucous and saliva samples from the respiratory tract, can also be taken to try to find evidence of infection.

Imaging studies are useful for pinpointing the location of infections. For instance, a chest x-ray is commonly used to diagnose pneumonia, while an ultrasound can reveal infections in the gallbladder or kidneys. CT scans help detect infections in the liver, pancreas, or abdomen, and MRI scans are effective in identifying infections in soft tissues or bones.

Treatment and Management of Sepsis

Early detection and treatment of sepsis increases the likelihood of a patient's recovery. Patients with sepsis need close monitoring and are usually treated in a hospital Intensive Care Unit (ICU). This is because patients with sepsis may need lifesaving interventions such as being put on a ventilator (a machine to help them breathe), and kidney dialysis where the kidney function is affected.

Treatment for sepsis can include, but is not limited to:

Medications

- Antibiotics – treatment with antibiotics should begin as soon as possible. Broad-spectrum antibiotics, which are effective against a variety of bacteria, are often used first. When blood test results show which germ is causing the infection, the first antibiotic may be switched out for a second one. This second one targets the germ causing the infection.
- Fluids added to veins – patients are usually given intravenous fluids as soon as possible.
- Vasopressors – medications which narrow blood vessels and help increase blood pressure. Vasopressor medicines may be used if blood pressure is too low, even after receiving fluids.
- Other medications may be used, such as insulin for blood sugar levels or painkillers.

Supportive care

People who have sepsis often get supportive care that includes oxygen. Some people may need a machine help them breathe. If a person's kidneys do not work as well because of the infection, the person may need kidney dialysis (a machine that helps clean the blood if the kidneys are not working).

Surgery

Surgery, such as incision and drainage of infected sites, may help to remove sources of infection, such as pus, infected tissues or dead tissues.

What is covered under PMB level of care?

Other specified sepsis is included in the Prescribed Minimum Benefits (PMBs) under the Diagnosis and Treatment Pair (DTP) code 904S. The descriptor for the code is Metastatic infections; septicaemia, and the treatment component is Medical Management.

Sepsis may also be considered a PMB condition under the definition of a medical emergency, as in the Medical Schemes Act, which defines a medical emergency condition as *“the sudden and, at the time, unexpected onset of a health condition that requires immediate medical treatment and/or an operation. If the treatment is not available, the emergency could result in weakened bodily functions, serious and lasting damage to organs, limbs or other body parts, or even death.”*

The diagnosis, treatment and care costs for sepsis would need to be funded by the medical schemes according to the PMB regulations. Medical schemes must pay for in and out-of-hospital costs in full if the services were obtained from a designated service provider (DSP). In cases of involuntary use of a non-DSP, healthcare services must still be paid in full.

It is recommended that healthcare providers assist members of medical schemes in completing the required forms and letters of motivation for PMB benefits. It is further emphasised that PMB benefits should be funded by the medical scheme from the risk benefit. Funding of PMB claims from the Medical Savings Account (MSA) contravenes the Medical Schemes Act.

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