

Sepsis and Children Fact Sheet

Overview: Sepsis is a leading cause of death for children in the U.S., taking more young lives than childhood cancers.¹ More than 18 children die from sepsis each day in the U.S.¹ and many of those lives could be saved with improved public awareness of sepsis symptoms and expanded health provider education.

Prevention: The risk of sepsis can be reduced by preventing infections: practicing good hygiene, staying current with vaccinations, using antibiotics as prescribed, and treating open skin wounds.

Treatment: Sepsis is a medical emergency that requires urgent attention and rapid treatment for survival. Sepsis can be treated, and in most instances, serious complications avoided and lives saved by using existing protocols.

Symptoms: Sepsis symptoms can be different for children compared with adults and include a combination of the following:

- Skin abnormally cold to touch
- Bluish or very pale skin
- Fever
- Rash that fades when pressed on
- Very fast or rapid breathing
- Seizures
- Lethargy or difficulty waking up
- Drop in or no urine output

Additionally, for infants, symptoms may include:

- Not drinking or feeding
- Repeated vomiting
- Dry diaper

If you **suspect sepsis** (you observe a combination of these symptoms), particularly if there has been a recent illness or injury), see your medical professional immediately, CALL 911, or take your child to a hospital and say, "**I AM CONCERNED ABOUT SEPSIS.**"

Critical Facts

- Every day more than 200 children are diagnosed with severe sepsis. This is more than 75,000 cases in the U.S. per year.¹
- Mortality rates are high: 9% of children hospitalized with sepsis die each year (6,800 children or more than 18 on an average day).¹ That is more children than are lost to childhood cancers.²
- Globally, sepsis is the leading cause of death of babies and small children, taking more than 3 million lives each year.^{3,4}
- More than 68% of children admitted to the hospital for sepsis have one or more chronic illnesses.⁵
- Survival from sepsis can be very challenging with many children requiring amputations. Many more experience a decrease in cognitive and physical function, with 34% of pediatric sepsis survivors (more than 1 in 3) showing a decline in their functional status at 28 days after hospital discharge.⁶
- Among pediatric sepsis survivors, almost one third (31%) are discharged from the hospital with some disability, including cognitive or physical impairments, skin graft, amputation, or hearing loss.⁷

- More than 20% of child sepsis survivors are readmitted to the hospital within three months of the initial hospitalization.⁸
- More than half of the readmissions after a sepsis hospitalization in children are related to recurring sepsis or infection.⁸

Economic Cost

- The average length of stay for sepsis patients is 31.5 days¹, which is nearly 8 times longer than the average stay for other childhood conditions.⁹
- Caring for children with sepsis in hospitals is expensive, estimated at \$4.8 billion each year or \$64,280 per admission.¹ This is nearly 8 times more than the average cost per hospitalization for children for other conditions in the U.S.¹⁰
- The average cost of a readmission after a sepsis hospitalization for a child is \$7,385, which is 27% more than a non-sepsis readmission.⁸

Socioeconomic Impact

- Preterm infants who are black are 13 times more likely to develop sepsis and 15 times more likely to die than non-black infants.¹¹
- Infants from lower income families are 20% more likely to die from sepsis.¹²
- Infants from families without health insurance are 3 times more likely to die from sepsis.¹²

To find out more please visit [Sepsis.org/Erin](https://sepsis.org/Erin)

Sources

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