|  |  |
| --- | --- |
|  |  |
| **INFECTIOUS DISEASES / MICROBIOLOGY REVIEW** | |
| **Consult reason** | Positive blood cultures |
| **\*Diagnosis\*\*** | E coli bacteraemia, presumed urinary source |
| **Background** | Diabetes Hypertension BPH -- long term catheter |
| **Presentation & Clinical Progress** | Admitted 26/2 with lower abdo pain and fever |
| **Antibiotic history** | 26/2 → co-amox iv |
| **Vital signs rules** | New fever in the last 24 hours, 38.6掳C.  No heart rate record  No systolic blood pressure record |
| **Vital signs ds** | "Febrile, last fever 38.3°C, 8 hours ago. No Heart Rate Record. No Blood Pressure Record." |
| **Physical exam** | Abdo soft and non tender |
| **Micro results** | 13/06 – BLC – PERIPHERAL–RIGHT NO GROWTH AFTER 5 DAYS  13/06 – UC – CATHETER SPECIMEN URINE (CSU) NO SIGNIFICANT GROWTH  13/06 – UC – \*\*No clear Result\*\*  Summary: Antibiotic recommendations without pathogen detection.  13/06 – CSF MICROSCOPY – \*\*Negative\*\*  Summary: Gram stain shows no organisms.  13/06 – CSF CULT AND MICRO – CEREBROSPINAL FLUID;Brain NO GROWTH AFTER 2 DAYS  13/06 – RESP. CULT AND MICRO – BRONCHO–ALVEOLAR LAVAGE NO GROWTH  12/06 – CSF CULT AND MICRO – CEREBROSPINAL FLUIDHEAD NO GROWTH AFTER 10 DAYS  12/06 – SARS–CoV–2 RNA – Negative  12/06 – SARS CORONAVIRUS–2 PCR – \*\*No clear Result\*\* +  Summary: MS2 control CT 23 detected.  12/06 – CPE SCREEN – \*\*Negative\*\*  Summary: No carbapenem–resistant Enterobacteriaceae.  11/06 – UC – \*\*No clear Result\*\*  Summary: Antibiotic recommendations; interpret with urine dipstick.  \*\*Reasoning:\*\* The report lacks explicit microbiological findings (e.g., organism growth, pathogen identification). It focuses on antibiotic guidance and clinical interpretation, not definitive infection status.  11/06 – UC – CATHETER SPECIMEN URINE (CSU) NO SIGNIFICANT GROWTH  11/06 – MRSA SCREEN – \*\*Negative\*\*  Summary: No MRSA isolated. |
| **Blood results** | 28/2 WCC 14 (falling, from 20 on 26/2); CRP 150 (from 300 on 26/2) |
| **Imaging** |  |
| **Discussion** | With team F1, David |
| **\*\*Advice\*\*** | Continue current antibiotics Consider changing catheter while on antibiotics If remains febrile consider ultrasound of urinary tract We will review with final microbiology results |
| **Signed** | David Eyre, Consultant in Infection |
| **Responsible consultant** | David Eyre |