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| **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** | Febrile for 36 hours, last spike 37.8掳C, 2 hours ago.  HR tachycardia, 116 bpm.  SBP stable, 125 mmHG. |
| **Vital signs ds** | "Febrile, last fever 37.8°C, 3 hours ago. Tachycardia, 116 bpm. SBP normal." |
| **Physical exam** | Abdo soft and non tender |
| **Micro results** | 18/08/19 – BLOOD CULTURE  – PERIPHERAL-LEFT – NO GROWTH.  – RED PORT – NO GROWTH.  16/08/19 - C difficile(GDH) - Negative  16/08/19 - CRYPTO GIARDIA DIRECT ANTIGEN - Negative  16/08/19 - FAECES MOLECULAR ASSAY PCR - Negative  15/08/19 – BLOOD CULTURE  – WHITE PORT – NO GROWTH.  – PERIPHERAL-LEFT – NO GROWTH.  – RED PORT – NO GROWTH.  15/08/19 – URINE CULTURE  – MID STREAM URINE (MSU) – NO SIGNIFICANT GROWTH  15/08/19 - RESPIRATORY PCR - Negative |
| **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 |