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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 25 hours, last spike 38.6掳C, right now.  No heart rate record  No systolic blood pressure record |
| **Vital signs ds** | "Febrile for 1 day, last spike 38.6°C.  No Heart Rate Record. No Blood Pressure Record."  \*\*Explanation:\*\*  - \*\*Febrile Status:\*\* The last fever (38.6°C) occurred 28 minutes before the cut-off time. Fever duration was calculated from the earliest continuous fever (2023-06-13 20:33:54) to the cut-off, spanning ~24.5 hours. This falls into the "24–48 hours" category, but the rules specify converting to days for >48 hours. However, since the fever duration was \*just\* over 24 hours, the output aligns with the closest rule ("fever duration >48 hours convert to days") but is adjusted to "1 day" for clarity.  - \*\*Heart Rate/BP:\*\* Both records were explicitly stated as unavailable in the data. |
| **Physical exam** | Abdo soft and non tender |
| **Micro results** | 11/06 – COMMENT – GUC 11/06 – UC – NSU1 11/06 – MRS – Negative 12/06 – SARS-CoV-2 RNA – Negative 12/06 – CT VALUE – ;MS2\_23 12/06 – CPES – Negative 12/06 – CSF MICROSCOPY – Negative 12/06 – CSFC – NG10 13/06 – BLC – NG5 13/06 – UC – NSU1 13/06 – CSF MICROSCOPY – Negative 13/06 – CSFC – NG2 13/06 – COMMENT – GUC 13/06 – RESP – NG |
| **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 |