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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 43 hours, last spike 38.2掳C, 3 hours ago.  HR raised, 100 bpm.  SBP stable, 142 mmHG. |
| **Vital signs ds** | "Febrile, last fever 38.2°C, 4 hours ago. HR raised, 100 bpm. SBP normal." |
| **Physical exam** | Abdo soft and non tender |
| **Micro results** | 12/07 – CAS – Negative 12/07 – CAS – Negative 12/07 – UC – NSU021 12/07 – COMMENT – GUC 12/07 – MRS – Negative 12/07 – MRS – Negative 14/07 – CAS – Negative 14/07 – CAS – Negative 14/07 – RESP – NG 15/07 – BLC – NG5 15/07 – CSF MICROSCOPY – Negative 15/07 – UC – NSU017 15/07 – CSFC – NG10 15/07 – COMMENT – GUC 16/07 – BLC – KLPN – R AMX; S AUG, AZT, CEX, COL, MEM, PTZ, CAZ, GM, LVX, TEM, TRIM, AMK, CIP, ERT, FOS, SXT, TOB 16/07 – RESP – KLPN – R AMX; S CIP, ERT, GM, MEM, PTZ, TRIM, AUG, AZT, CEX, AMK, CAZ, FOS, LVX, SXT, TOB, COL, TEM 16/07 – COMMENT – GUC 16/07 – CSF MICROSCOPY – Negative 16/07 – UC – NSG 16/07 – CSFC – NG2 17/07 – BLC – KLPN – R AMX; S AUG, AZT, CAZ, ERT, MEM, TRIM, CIP, COL, PTZ, CEX, GM, TEM, AMK, FOS, LVX, SXT, TOB 17/07 – CAS – Negative 17/07 – CSF MICROSCOPY – Negative 17/07 – CAS – Negative 17/07 – CSFC – NG10 19/07 – CAS – Negative 19/07 – CAS – Negative 20/07 – BLC – KLPN – R AMX; S AUG, CIP, ERT, GM, MEM, PTZ, TRIM, AMK, CAZ, AZT, CEX, COL, FOS, LVX, SXT, TEM, TOB 20/07 – BLC – SERM – R AUG, COL, FOS, AMX, TEM; S AZT, CAZ, CIP, ERT, MEM, PTZ, GM, LVX, SXT, TRIM, AMK, CEX, TOB 20/07 – CSF MICROSCOPY – Negative 20/07 – UC – NSU016 20/07 – CSFC – NG2 20/07 – RESP – NG 20/07 – COMMENT – GUC 21/07 – CAS – Negative 21/07 – CAS – Negative 22/07 – BLC – NG5 24/07 – CAS – Negative 24/07 – CAS – Negative 28/07 – CAS – Negative 28/07 – BLC – NG5 28/07 – CAS – Negative 28/07 – RESP – NG 29/07 – BLC – SEPI – R GM, LVX, SXT, AMX, CIP, CLIN, ERY, MOXO, OXM; S FOS, TEC, CHLR, DAP, FD, LIN, RIF, SY, VAN 29/07 – CSFC – NG2 29/07 – CSF MICROSCOPY – Negative 31/07 – BLC – NG5 31/07 – RESP – NG 04/08 – CAS – Negative 04/08 – CAS – Negative 07/08 – CAS – Negative 07/08 – CAS – Negative 08/08 – CAS – Negative 08/08 – CAS – Negative 14/08 – UC – PSAR – S AMK, CIP, GM, MEM, PTZ, CAZ, COL, LVX, TOB 14/08 – BLC – NG5 14/08 – COMMENT – GUC 16/08 – UC – PSAR – S COL, LVX, MEM, AMK, CIP, TOB, CAZ, PTZ, GM 16/08 – BLC – NG5 16/08 – COMMENT – GUC |
| **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 |