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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 26 hours, last spike 38.5掳C, right now.  HR raised, 104 bpm.  SBP stable, 164 mmHG. |
| **Vital signs ds** | "Febrile, last fever 38.5°C, 0 hours ago. HR raised, 104 bpm. SBP normal." |
| **Physical exam** | Abdo soft and non tender |
| **Micro results** | 21/07/20 – BLOOD CULTURE  – CENTRAL LINE – NO GROWTH.  22/07/20 – BLOOD CULTURE  – ;Other (specify site in Clinical Details) – NO GROWTH.  – ;Other (specify site in Clinical Details) – NO GROWTH.  – ;Other (specify site in Clinical Details) – NO GROWTH.  – PERIPHERAL-LEFT – NO GROWTH.  26/07/20 – BLOOD CULTURE  – PERIPHERAL-LEFT – NO GROWTH.  27/07/20 – URINE CULTURE  – MID STREAM URINE (MSU) – MIXED GROWTH.IN A NON-CATHETERISED PATIENT THIS MAY INDICATE PERINEAL CONTAMINATION.  – URINE – NO SIGNIFICANT GROWTH |
| **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 |