|  |  |
| --- | --- |
|  |  |
| **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 5 days, last spike 37.8掳C.  No heart rate record  No systolic blood pressure record |
| **Vital signs ds** | Afebrile, last fever 0 days ago.  No Heart Rate Record.  No Blood Pressure Record. |
| **Physical exam** | Abdo soft and non tender |
| **Micro results** | 20/08 – CT VALUE – ;MS2\_23 20/08 – CPES – Negative 20/08 – CPES – Negative 20/08 – SARS-CoV-2 RNA – Negative 20/08 – MICROSCOPY – DEL 20/08 – MRS – Negative 21/08 – RESP – NG 21/08 – BLC – NG5 22/08 – COMMENT – GUC 22/08 – UC – NSU018 24/08 – BLC – NG5 24/08 – COMMENT – GUC 24/08 – UC – NSU018 26/08 – COMMENT – GUC 26/08 – BLC – NG5 26/08 – UC – NSU016 28/08 – MICROSCOPY – DEL 28/08 – UC – NSU018 28/08 – SARS-CoV-2 RNA – Negative 28/08 – CT VALUE – ;MS2\_23 28/08 – BLC – NG5 28/08 – COMMENT – GUC 29/08 – BLC – NG5 |
| **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 |