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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 3 days, last spike 38.3掳C.  No heart rate record  No systolic blood pressure record |
| **Vital signs ds** | "Febrile for 3 days, last spike 38.3°C.  No Heart Rate Record. No Blood Pressure Record." |
| **Physical exam** | Abdo soft and non tender |
| **Micro results** | 08/05 – CAS – Negative 08/05 – CAS – Negative 08/05 – CAS – Negative 08/05 – CAS – Negative 08/05 – CAS – Negative 08/05 – MRS – Negative 09/05 – UC – ECOL – S AMX, AZT, ERT, MEM, NTR, PTZ, AMK, CAZ, CEFA, LVX, SXT, TRIM, AUG, CEX, CIP, COL, FOS, GM, MEC, TEM, TOB 09/05 – RESP – NG 09/05 – COMMENT – GUC 09/05 – BLC – NG5 12/05 – CAS – Negative 12/05 – CAS – 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 |