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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 7 days, last spike 38.4掳C.  No heart rate record  No systolic blood pressure record |
| **Vital signs ds** | "Febrile for 5 days, last spike 38.4°C. No Heart Rate Record. No Blood Pressure Record." |
| **Physical exam** | Abdo soft and non tender |
| **Micro results** | 21/06 – CSF CULT AND MICRO  21/06 - CSF CULT AND MICRO - Negative  19/06 – BLOOD CULTURE  19/06 – CSF CULT AND MICRO  19/06 – RESP. CULT AND MICRO  19/06 – URINE CULTURE  19/06 - SARS CORONAVIRUS-2 PCR - Negative  19/06 - HIV Ab/Ag - Negative  16/06 – BLOOD CULTURE  16/06 – CSF CULT AND MICRO  16/06 – URINE CULTURE  16/06 - HIV Ab/Ag - Negative  16/06 - Anti-HBs - Negative  16/06 - Anti-HBe - Negative  16/06 - HBs antigen - Negative  16/06 - Hepatitis C antibody - 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 |