|  |  |
| --- | --- |
|  |  |
| **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 2 days, last spike 37.9掳C.  HR raised, 110 bpm.  SBP slightly low, 109 mmHG. |
| **Vital signs ds** | "Febrile for 3 days, last spike 38.9°C. Tachycardia, 110 bpm. SBP slightly low, 109 mmHg." |
| **Physical exam** | Abdo soft and non tender |
| **Micro results** | 26/2 -- BC -- E coli, sens pending 26/2 -- CSU -- no growth (sent after starting antibiotics) |
| **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 |