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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** | Afebrile, last spike 4 days ago.  HR, 90 bpm.  SBP slightly low, 110 mmHG. |
| **Vital signs ds** | "Afebrile, last fever 4 days ago.  HR raised, 90 bpm. SBP slightly low, 110 mmHg." |
| **Physical exam** | Abdo soft and non tender |
| **Micro results** | 23/09 – RESP. CULT AND MICRO  23/09 – TB CULTURE  23/09 - ANAEROBIC CULTURE - Negative  23/09 - NOCARDIA CULTURE - Negative  23/09 - RESP. CULT AND MICRO - Negative  23/09 - FUNGUS CULTURE - Negative  23/09 - TB CULTURE - Negative  22/09 – BLOOD CULTURE  20/09 – BLOOD CULTURE |
| **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 |