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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** | 07/08 – MRS – Negative 11/08 – Shigella PCR – Negative 11/08 – E.coli O157 & Verotoxin PCR – Negative 11/08 – Salmonella PCR – Negative 11/08 – Campylobacter PCR – Negative 15/08 – UC – NSU016 15/08 – RPCR – Negative 15/08 – BLC – NG5 15/08 – BLC – NG5 15/08 – COMMENT – GUC 15/08 – BLC – NG5 16/08 – Salmonella PCR – Negative 16/08 – Campylobacter PCR – Negative 16/08 – E.coli O157 & Verotoxin PCR – Negative 16/08 – Shigella PCR – Negative 18/08 – BLC – NG5 18/08 – BLC – NG5 19/08 – ZMNT – Negative 20/08 – BLC – NG5 20/08 – BLC – NG5 20/08 – BLC – NG5 21/08 – ZMNT – Negative 21/08 – ZMNT – Negative 22/08 – BLC – NG5 22/08 – BLC – NG5 22/08 – RPCR – Negative 22/08 – BLC – NG5 24/08 – BLC – NG5 24/08 – BLC – NG5 24/08 – BLC – NG5 25/08 – COPIES/ML – Negative 25/08 – EBV DNA – Negative 25/08 – COPIES/ML – Negative 25/08 – CMV DNA – Negative 26/08 – BLC – NG5 26/08 – BLC – NG5 27/08 – TB MICROSCOPY – Negative 27/08 – RESP – Negative 27/08 – TBC – MB56 28/08 – LEGC – Negative 28/08 – NCC – Negative 28/08 – RESP – NG 28/08 – ZMNT – Negative 28/08 – BLC – NG5 28/08 – BLC – NG5 28/08 – FUNG – Negative 28/08 – LEGC – Negative 28/08 – FUNG – Negative 28/08 – ASAG – Negative 28/08 – RPCR – Negative 28/08 – RESP – NG 29/08 – FUNG – Negative 29/08 – RESP – NG 29/08 – TB MICROSCOPY – Negative 29/08 – FUNG – Negative 29/08 – NCC – Negative 29/08 – TBC – MB56 29/08 – TB MICROSCOPY – Negative 29/08 – GRAM SMEAR – DEL 29/08 – RESP – NG 29/08 – TBC – Negative 29/08 – TBC – MB56 30/08 – UC – NSU017 30/08 – ZMNT – Negative 30/08 – BLC – NG5 30/08 – BLC – NG5 30/08 – COMMENT – GUC 01/09 – NCC – Negative 01/09 – BLC – NG5 01/09 – BLC – NG5 01/09 – RESP – Negative 01/09 – TBC – MB56 01/09 – TB MICROSCOPY – Negative 01/09 – BLC – NG5 01/09 – RPCR – Negative 03/09 – BLC – NG5 03/09 – BLC – NG5 04/09 – BLC – NG5 04/09 – BLC – NG5 06/09 – COPIES/ML – Negative 06/09 – COPIES/ML – Negative 06/09 – CMV DNA – Negative 06/09 – EBV DNA – Negative 06/09 – C.NEOFORMANS ANTIGEN – Negative 07/09 – BLC – NG5 10/09 – BLC – NG5 12/09 – BLC – NG5 14/09 – BLC – NG5 16/09 – BLC – NG5 18/09 – BLC – NG5 20/09 – BLC – NG5 20/09 – BLC – NG5 22/09 – BLC – NG5 22/09 – BLC – NG5 23/09 – TBC – MB56 23/09 – FUNG – Negative 23/09 – ANER – Negative 23/09 – NCC – Negative 23/09 – RESP – NG6 23/09 – GRAM SMEAR – Negative 23/09 – TB MICROSCOPY – 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 |