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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 3 days ago.  HR, 88 bpm.  SBP stable, 160 mmHG. |
| **Vital signs ds** | "Afebrile, last fever 1 day ago. Cardiovascular stable." |
| **Physical exam** | Abdo soft and non tender |
| **Micro results** | 23/06 – CSF CULT AND MICRO – CEREBROSPINAL FLUID NO GROWTH AFTER 2 DAYS  23/06 – CSF MICROSCOPY – \*\*Negative\*\*  Summary: No organisms seen on Gram stain.  21/06 – CSF CULT AND MICRO – CEREBROSPINAL FLUID NO GROWTH AFTER 2 DAYS  19/06 – CSF CULT AND MICRO – CEREBROSPINAL FLUID NO GROWTH AFTER 2 DAYS  19/06 – UC – \*\*No clear Result\*\*  Summary: Antibiotic usage advice, no pathogen detection noted.  19/06 – UC – MID STREAM URINE (MSU) NO SIGNIFICANT GROWTH  19/06 – HIV Ab/Ag – Negative  19/06 – SARS CORONAVIRUS–2 PCR – \*\*No clear Result\*\*  Summary: MS2 control CT 24; no pathogen specified.  \*Rationale\*: The result "MS2\_24" likely refers to an internal control (MS2) with a cycle threshold (CT) value of 24, but no pathogen–specific CT values or findings are reported. Without explicit mention of a pathogen (e.g., SARS–CoV–2, influenza), the result is unclear for clinical interpretation.  19/06 – RESP. CULT AND MICRO – BRONCHO–ALVEOLAR LAVAGE NO GROWTH  19/06 – REFERENCE LABORATORY – \*\*No clear Result\*\*  Summary: No results provided.  19/06 – REFERENCE LABORATORY – \*\*No clear Result\*\* +  Summary: No results reported.  19/06 – REFERENCE LABORATORY – \*\*No clear Result\*\*  Summary: No results reported.  19/06 – SARS–CoV–2 RNA – Negative  19/06 – BLC – PERIPHERAL–LEFT NO GROWTH AFTER 5 DAYS  19/06 – REF STRONGYLOIDES – \*\*No clear Result\*\* +  Summary: Result missing. |
| **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 |