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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 1 days ago.  HR, 87 bpm.  SBP stable, 130 mmHG. |
| **Vital signs ds** | "Febrile for 2 days, last spike 38.6ºC. Cardiovascular stable." |
| **Physical exam** | Abdo soft and non tender |
| **Micro results** | 16/08 – UC – PSAR  – S: COLISTIN SULPHATE  – S: LEVOFLOXACIN  – S: MEROPENEM  – S: AMIKACIN  – S: CIPROFLOXACIN  – S: TOBRAMYCIN  – S: CEFTAZIDIME  – S: PIPTAZ  – S: GENTAMICIN  16/08 – UC – \*\*No clear Result\*\*  Summary: Antibiotic use advice without microbiological findings.  16/08 – BLC – PERIPHERAL–RIGHT NO GROWTH AFTER 5 DAYS  14/08 – UC – PSAR  – S: AMIKACIN  – S: CIPROFLOXACIN  – S: GENTAMICIN  – S: MEROPENEM  – S: PIPTAZ  – S: CEFTAZIDIME  – S: COLISTIN SULPHATE  – S: LEVOFLOXACIN  – S: TOBRAMYCIN  14/08 – UC – \*\*No clear Result\*\*  Summary: Antibiotic usage recommendations provided.  14/08 – BLC – PERIPHERAL–RIGHT NO GROWTH AFTER 5 DAYS  --------Previous result (1 year)-------- |
| **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 |