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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 2 days ago.  HR raised, 91 bpm.  SBP slightly low, 110 mmHG. |
| **Vital signs ds** | "Afebrile, last fever 2 days ago.  HR raised, 91 bpm. SBP slightly low, 110 mmHg." |
| **Physical exam** | Abdo soft and non tender |
| **Micro results** | 17/01 – BLC – NG5 17/01 – BLC – NG5 24/01 – BLC – NG5 28/01 – UC – MIXG 28/01 – COMMENT – GUC 03/02 – BLC – CNS – R CHLR, OXM, AMX, FD, PEN; S DAP, GM, LIN, RIF, SXT, TEC, VAN, ERY, MOXO, CLIN, FOS, SY 03/02 – BLC – SAUR – R AMX, ERY; S CHLR, CLIN, DAP, FD, GM, RIF, TET, MOXO, OXM, TEC, FOS, SXT, LIN, VAN 03/02 – UC – MIXG 03/02 – CT VALUE – ;MS2\_23 03/02 – PMC – Negative 03/02 – COMMENT – GUC 03/02 – SARS-CoV-2 RNA – Negative 03/02 – MICROSCOPY – Negative 03/02 – MRS – Negative 03/02 – CPES – Negative 04/02 – BLC – NG5 04/02 – UC – NSG 04/02 – LTC – NG 04/02 – COMMENT – GUC 07/02 – BLC – NG5 13/02 – PMC – CITR – R CEX, AMX, AUG, AZT, CAZ, PTZ; S FOS, LVX, TOB, SXT, TRIM, AMK, CIP, ERT, GM, MEM 13/02 – PMC – PRMI – R FOS, GM, COL; S LVX, SXT, TOB, CAZ, AUG, AZT, CEX, MEM, PTZ, AMK, AMX, CIP, ERT, TRIM 13/02 – MICROSCOPY – GRM 15/02 – Beta-D-Glucan Ag – Negative 15/02 – BLC – NG5 15/02 – BDG Concentration (pg/mL) – L7 22/02 – BLC – NG5 23/02 – SARS-CoV-2 RNA – Negative 23/02 – RPCR – Negative 23/02 – CT VALUE – Negative 24/02 – PMC – Negative 24/02 – BLC – NG5 02/03 – PMC – EFMV – R TEC, GMS2, VAN, AMX; S DAP, LIN 02/03 – PMC – PRMI – R TOB, FOS, GM, COL; S LVX, SXT, CAZ, AUG, AZT, CEX, MEM, AMK, AMX, CIP, ERT, PTZ, TRIM 02/03 – MICROSCOPY – positive 03/03 – BLC – NG5 03/03 – COMMENT – GUC 03/03 – UC – NSG 03/03 – BLC – NG5 05/03 – BDG Concentration (pg/mL) – 29.41 05/03 – Beta-D-Glucan Ag – Positive 10/03 – PMC – EFMV – R AMX, VAN, GMS2, TEC; S DAP, LIN 10/03 – PMC – PRMI – R FOS, TEM, TOB, COL, GM; S AMK, CIP, LVX, SXT, TRIM, AUG, AZT, ERT, PTZ, AMX, CAZ, MEM 10/03 – MICROSCOPY – GRM 24/03 – PMC – MGMG – R COL, FOS, AMX, AUG; S AMK, CEX, CIP, GM, LVX, SXT, TOB, CAZ, ERT, TRIM, AZT, MEM, PTZ 24/03 – ANER – Negative 24/03 – MICROSCOPY – 3+ 26/03 – COMMENT – GUC 26/03 – UC – MIXG 19/04 – BLC – SEPI – R CLIN, ERY, OXM, AMX, LIN, MOXO, SXT, TEC, GM; S DAP, FD, RIF, VAN, CHLR, FOS, TET 19/04 – BLC – NG5 19/04 – COMMENT – DEL 20/04 – PMC – CITR – R AMX, CAZ, CEX, AMX, AUG, AUG, AZT, CEX, CAZ, PTZ; S AMK, FOS, AMK, CIP, ERT, FOS, MEM, TOB, TRIM, CIP, ERT, MEM, TOB, GM, LVX, SXT, GM, LVX, PTZ, SXT, TRIM 20/04 – PMC – EFM – R GMS2; S LIN, DAP, AMX, TEC, VAN 20/04 – PMC – EFMV – R AMP2, PEN, TEC, VANC, GMS2, SY; S LIN, DAP 20/04 – PMC – MGMG – R COL, PRI, AMX, AUG, AMX, AUG, FOS, FOS, COL; S AZT, PTZ, TRIM, AZT, ERT, PTZ, TOB, AMK, CAZ, CIP, ERT, GM, CAZ, GM, LVX, MEM, SXT, TRIM, CEX, LVX, MEM, SXT, TOB, AMK, CEX, CIP 20/04 – ANER – Negative 20/04 – BLC – NG5 20/04 – MICROSCOPY – positive 21/04 – BLC – NG5 21/04 – BLC – NG5 24/04 – PMC – Negative 24/04 – MICROSCOPY – positive 26/04 – PMC – Negative 26/04 – MICROSCOPY – 3+ 18/05 – BLC – NG5 22/05 – Campylobacter PCR – Negative 22/05 – Shigella PCR – Negative 22/05 – E.coli O157 & Verotoxin PCR – Negative 22/05 – Salmonella PCR – Negative 24/06 – BLC – PRMI – R FOS, COL, GM; S AMX, AUG, AZT, ERT, MEM, PTZ, TOB, AMK, CAZ, LVX, SXT, TRIM, CEX, CIP 24/06 – COMMENT – GUC 24/06 – UC – NSU020 25/06 – UC – PRMI – R COL, GM, FOS, NTR, TOB; S CEFA, CEX, LVX, AMK, SXT, TRIM, AMX, AUG, CIP, ERT, MEM, AZT, CAZ, PTZ 25/06 – URINE PUS CELLS – M100 25/06 – URINE RED CELLS – M100 25/06 – SARS-CoV-2 RNA – Negative 25/06 – CT VALUE – ;MS2\_24 25/06 – BLC – NG5 25/06 – URINE SQUAMES – U3 25/06 – CPES – Negative 25/06 – ZMNT – Negative 25/06 – COMMENT – GUC 25/06 – MRS – Negative 11/07 – COMMENT – GUC 11/07 – UC – MIXG 30/07 – COMMENT – GUC 30/07 – UC – MIXG 10/08 – COMMENT – DEL 10/08 – SFC – NSG 11/08 – PMC – SRCO – S AMX, VAN, CTX, GMS2, PEN, LIN, MEM, TEC 11/08 – UC – PRMI – R FOS, COL; S AMX, AUG, AZT, CEX, TOB, CAZ, LVX, SXT, TRIM, AMK, CIP, ERT, GM, MEM, PTZ 11/08 – ANER – Negative 11/08 – BLC – NG5 11/08 – COMMENT – GUC 11/08 – MICROSCOPY – Negative 14/08 – BLC – MGMG – R FOS, AMX, AUG, COL; S AZT, CEX, MEM, PTZ, AMK, CAZ, LVX, SXT, CIP, ERT, GM, TOB, TRIM 15/08 – MICROSCOPY – positive 15/08 – MICROSCOPY – positive 15/08 – ANER – Negative 15/08 – PMC – Negative 15/08 – PMC – Negative 15/08 – ANER – Negative 16/08 – BLC – NG5 16/08 – BLC – NG5 16/08 – COMMENT – DEL 18/08 – Shigella PCR – Negative 18/08 – Campylobacter PCR – Negative 18/08 – Salmonella PCR – Negative 18/08 – E.coli O157 & Verotoxin PCR – Negative 02/09 – BLC – NG5 06/09 – BLC – CNS – R FOS; S TET, VAN, CLIN, GM, OXM, ERY, FD, LIN, RIF, SXT, CHLR, DAP, MOXO, TEC 06/09 – PMC – SRCO – S AMX, VAN, CTX, GMS2, LIN, PEN, MEM, TEC 06/09 – UC – MIXG 06/09 – BLC – NG5 06/09 – MICROSCOPY – 3+ 06/09 – MICROSCOPY – 2+ 06/09 – COMMENT – GUC 10/09 – BLC – NG5 13/09 – LTC – NG2 05/10 – COMMENT – DEL 19/10 – PMC – SRCO – S MEM, CTX, PEN, TEC, AMX, GMS2, LIN, VAN 19/10 – MICROSCOPY – positive 19/10 – ANER – Negative 22/10 – COMMENT – GUC 22/10 – UC – MIXG 22/10 – BLC – NG5 23/10 – BLC – NG5 05/11 – BLC – NG5 05/11 – BLC – NG5 06/11 – BLC – STCP – R FOS; S ERY, LIN, TEC, DAP, FD, TET, VAN, CHLR, MOXO, CLIN, GM, OXM, RIF, SXT 06/11 – BLC – NG5 06/11 – BLC – NG5 08/11 – BLC – NG5 08/11 – BLC – NG5 28/11 – COMMENT – GUC 28/11 – UC – MIXG 10/12 – UC – MIXG 10/12 – BLC – NG5 10/12 – COMMENT – GUC 13/12 – COMMENT – DEL |
| **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 |