|  |  |
| --- | --- |
|  |  |
| **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  HR, 81 bpm.  SBP stable, 118 mmHG. |
| **Vital signs ds** | "Afebrile. Cardiovascular stable." |
| **Physical exam** | Abdo soft and non tender |
| **Micro results** | 08/11/19 - CRYPTO GIARDIA DIRECT ANTIGEN - Negative  08/11/19 - C difficile(GDH) - Negative  08/11/19 - FAECES MOLECULAR ASSAY PCR - Negative  15/08/19 – BLOOD CULTURE  – RED PORT – NO GROWTH.  – WHITE PORT – NO GROWTH.  – PERIPHERAL-LEFT – NO GROWTH.  15/08/19 – URINE CULTURE  – MID STREAM URINE (MSU) – NO SIGNIFICANT GROWTH  15/08/19 - RESPIRATORY PCR - 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 |