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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  HR, 79 bpm.  SBP slightly low, 110 mmHG. |
| **Vital signs ds** | "Afebrile. HR stable. SBP slightly low, 110 mmHg." |
| **Physical exam** | Abdo soft and non tender |
| **Micro results** | --------Previous result (1 year)--------  24/07 – EBV VCA IgG – Positive  19/06 – RESPIRATORY PCR – \*\*Positive\*\*  \*\*Summary:\*\* Human Rhinovirus/Enterovirus detected.  12/06 – EBV VCA IgG – Positive  20/02 – RESPIRATORY PCR – \*\*Positive\*\*  \*\*Summary:\*\* Respiratory Syncytial Virus detected.  04/02 – RESPIRATORY PCR – \*\*Positive\*\*  \*\*Summary:\*\* Respiratory Syncytial Virus DETECTED. |
| **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 |