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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, 90 bpm.  SBP stable, 140 mmHG. |
| **Vital signs ds** | "Afebrile, last fever 3 days ago.  HR raised, 90 bpm. SBP normal." |
| **Physical exam** | Abdo soft and non tender |
| **Micro results** | 20/08 – CT VALUE – ;MS2\_23 20/08 – CPES – Negative 20/08 – CPES – Negative 20/08 – SARS-CoV-2 RNA – Negative 20/08 – MICROSCOPY – DEL 20/08 – MRS – Negative 21/08 – RESP – NG 21/08 – BLC – NG5 22/08 – COMMENT – GUC 22/08 – UC – NSU018 24/08 – BLC – NG5 24/08 – COMMENT – GUC 24/08 – UC – NSU018 26/08 – COMMENT – GUC 26/08 – BLC – NG5 26/08 – UC – NSU016 28/08 – MICROSCOPY – DEL 28/08 – UC – NSU018 28/08 – SARS-CoV-2 RNA – Negative 28/08 – CT VALUE – ;MS2\_23 28/08 – BLC – NG5 28/08 – COMMENT – GUC 29/08 – BLC – NG5 14/09 – CPES – Negative 02/10 – UC – KLPN – R AMX, TRIM, SXT; S AUG, AZT, CAZ, CEFA, ERT, MEM, CIP, NTR, PTZ, CEX, GM, AMK, FOS, LVX, TOB 02/10 – COMMENT – GUC 22/10 – UC – KLPN – R AMX, SXT, NTR, TRIM; S AMK, AUG, CEFA, CIP, ERT, AZT, CEX, MEM, PTZ, CAZ, FOS, GM, LVX, TOB 22/10 – COMMENT – URNE 22/10 – COMMENT – DEL 29/10 – UC – KLPN – R AMX, NTR, TRIM, SXT; S CEX, FOS, LVX, TOB, AMK, CIP, ERT, CEFA, AUG, AZT, CAZ, GM, MEM, PTZ 29/10 – COMMENT – GUC 06/11 – COMMENT – GUC 06/11 – UC – NSU016 26/11 – UC – NSU016 26/11 – COMMENT – GUC |
| **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 |