

# Infectious Disease consult guide

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| ★★★★★  
| onthephones

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A screenshot of a survey pop-up window titled "We Welcome Your Feedback" with a close button in the top right corner. The main heading is "Let's Talk". Below it is a question: "1. What additional type of content and topics would you like to see onthowards cover?". There is a large grey rectangular input field for the answer. At the bottom of the pop-up, it says "powered by SurveyMonkey". The background shows a blurred document with a yellow sticky note icon and some text fragments like "In a", "investigation", "er not all", "ological).", "nic liver", and "What".

- Fever - onset, course, does patient feel unwell within themselves.
- Other localising symptoms - cough, coryza, nausea/vomiting, diarrhoea, dysuria, urinary frequency, arthralgia, myalgia, any pain?
- Constitutional symptoms - lethargy, weight loss, anorexia, night sweats, lymphadenopathy?
- Antibiotic therapy:
  - Intravenous and oral drugs, dose, dates, reason for changing.

## Surgical Patients:

- Surgical procedures and intra-operative findings. (E.g. did it look infected, did they debride/resect all the infected tissue?)
- Is there any prosthetic materials underlying that is it still in situ?
- Future surgical plans.

## Other information:

- Overseas travel and timing (migration)
- Previous infections
- Previous surgeries and hardware that remains
- Sick contacts
- Animal contacts
- Unusual hobbies (gardening, water sports, hiking, fishing)
- Occupation
- Latent infection screening (if immunosuppressed or starting immunosuppression - TB, hepatitis B)
- Vaccination status (in particular if immunosuppressed - pneumococcal, influenza, varicella)
- Asplenia (vaccination and prophylaxis)
- Duration of neutropenia and expected recovery
- IVDU
- Sexual history

We Welcome Your Feedback

## Let's Talk

1. What additional type of content and topics would you like to see on the wards cover?

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## What performance

- Septic screen - (antibiotics), stool
- CRP and WCC > than 1-2x a week
- Renal and liver function.
- Imaging:
  - Chest x-
  - Bone x-
  - We can
- Previous and current
  - Source, organism and sensitivities, treatment?
- MRSA, VRE, MRGN status.

## Old JMOs

Ideally before  
 required more  
 (test).  
 renal and liver

## What additional information would impress you?

- A comprehensive summary of antibiotic usage and microbiology to date! (The ones relevant to the current clinical context.)
- A discussion with your surgical registrar about the operative findings and concerns.
- A comprehensive exposure history.

- Knowing the exact question being asked.

## What are common mistakes/omissions made by JMOs?

- MRSA, VRE or MRGN on a screening swab does not indicate infection.
- Positive wound swabs and urine cultures do not always require treatment, the clinical context is important (blood cultures do not fall in this category).
- Vancomycin dosing/withholding doses, etc.
  - Charting vancomycin after the phlebotomist (e.g. dose at 11am and 11pm) may be easier if you would like the morning phlebotomist to collect your trough vancomycin level and you do not want to be left confused by the dose of antibiotic.
  - If in doubt, ask the pharmacist or other.

## Helpful Resources

eTG is an excellent resource. The microbiology residents can even solve the problem. UptoDate is always up to date. Hospital guidelines. You can also discuss

**Tags:** #antibiotics, #infectious disease, #junior doctor, #consult, #sepsis

**We Welcome Your Feedback**

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