PUT PICTURES INTO CHART!
A picture says a thousand words!! Please include relevant physical exam photos into Cerner using Cerner Capture. Don’t forget to turn on lights and document rashes and the status of all lines in your physical exams. Remove unnecessary lines!

OSTEOMYELITIS
In the era of antibiotic stewardship, getting tissue/culture diagnosis is the FIRST step for acute osteomyelitis. This will help narrow antibiotics, improve patient outcomes, reduce microbial resistance, and decrease spread of infections caused by multidrug-resistant organisms. If you have a patient with presumed osteomyelitis (no matter the site), the first next step is bone biopsy. Refer to Diabetic Foot Guidelines on ID website.

URGENT ID REFERRALS
If you feel you have an urgent outpatient referral, we ask that you contact the VCMC ID doctor on call for the day to discuss. ID is not often an emergency in outpatient settings and when it is, the patient usually needs to be hospitalized. The on call ID provider can help triage the patient. Otherwise, non-urgent outpatient ID referral requests go through the referral center at 677-5245.

Question of the Month
Under what 3 circumstances should Infectious Disease consults be automatic?

1. *Staph Aureus* bacteremia (MRSA or MSSA)
2. Hand infections
3. AIDS related infections

Please ensure ID is on board early on for these.

Did you know?
There are MANY causes of fever (and even leukocytosis) which can be either noninfectious or infectious.
If you are calling ID for assistance in these cases, hopefully you have already ruled out some noninfectious vs. infectious causes. You have already checked for drug fever, phlebitis, autoimmune conditions, deep vein thrombosis etc. You have also ruled out nosocomial infectious such as flu, cdiff, pna, and uti. We are happy to consult but ask that you start the workup in advance of calling us.

ID website for resources:
http://www.venturafamilymed.org/rotations/infectious-disease

Check your email soon for the 2017 Antibiogram!