ID PEARLS - THINGS YOU WISH YOU KNEW BEFORE STARTING YOUR MEDICINE MONTH
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INFECTIONOUS DISEASE
Objectives

- ID Survival while on medicine month and beyond.

- Dear New Docs: You will make mistakes. Accept them. Let them be your inspiration to learn. When you find you have no idea what to do, please don’t be too proud to ask for help.

- Oh and wash your hands. Please. Your patients thank you in advance.
Your patient has been in the hospital for 5-10 days and now has developed a fever.

What's your differential?
FEVER = temp ≥ 100.4

- Look for Noninfectious and Infectious causes of fever like dvt, phlebitis, rheumatologic, malignancy, drug fever vs. nosocomial infections.
- Avoid masking fever with combined pain pills.
- Please turn on the lights and examine IV lines of all your patients every day.
- Include these findings in the physical exam.
- Remove unnecessary lines/foley's.
- Report all IV related phlebitis as incidents.
Blood Cultures

- If you get called that a patient has positive blood cultures, what is the first thing you do?
- Should you routinely repeat blood cultures until blood cultures are clear?
- **Staph Aureus** Bacteremia = *Automatic ID consult.*
- Look for the source.
- The history (and the patient) will tell you the answer most of the time.
Automatic ID consults

- *Staph Aureus* bacteremia
- Hand infections
- Complications from AIDS

Before calling an ID consult please have:
- A nicely formulated question
- A discussion with your attending
- An attempt to look up answer
Curbside vs. Consult

- ID is one of the most curbsided specialities.
- If you do not see an ID note, we are not formally consulted or haven’t written it yet.
- Please read our notes before texting/calling us on plan.
- Even for curbsides, we hope that you attempt to look up answers to your questions.
- If want to discuss a mutual patient on text, please send group tiger text including attending to avoid duplicate conversations.
True or False: Automatic Consult equals STAT Consult
True or False: We are both Pediatric ID trained

On weeks that I am on for VCMC Call

I am happy to help with Pedi ID consults/curbsides.
Uncomplicated Cellulitis Guidelines

- Purulent vs. Nonpurulent.
- Even in complicated cases, can start with narrow and have contingency plan to broaden if worsens...Cefazolin is a good start if not purulent.
- Give it time to improve before determining it is worse and look at whole picture before including labs, clinical appearance, fever curve etc.
- Daily cerner capture pictures
DM Foot Guidelines

- Patient comes (sent by MD for IV antibiotics) in with no SIRS and is well appearing but presumed acute osteomyelitis of foot with no surrounding cellulitis.
- What the first thing that you do?
- We need tissue diagnosis for osteomyelitis before starting antibiotics.
One of the most common ID questions:

“When can we stop IV antibiotics for acute osteomyelitis post operatively?”

SEE BUG BITES FOR ANSWER!
New Cdiff Guidelines
Hot off the PRESS!

- What is the definition of diarrhea?
- Bristol Stool Chart.
- If you suspect Cdiff, what is the first thing you should do?
- How do you treat Cdiff if 1st episode? 2nd episode?
- Automatic Isolation precautions.
- Importance of disposable stethoscope use.
The Bristol Stool Chart
Adapted from the Bristol Stool Scale (Heaton et al 1992)

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Separate hard lumps, like nuts (hard to pass)</td>
</tr>
<tr>
<td>2</td>
<td>Sausage-shaped but lumpy</td>
</tr>
<tr>
<td>3</td>
<td>Like a sausage but with cracks on its surface</td>
</tr>
<tr>
<td>4</td>
<td>Like a sausage or snake, smooth and soft</td>
</tr>
<tr>
<td>5</td>
<td>Soft blobs with clear cut edges (passed easily)</td>
</tr>
<tr>
<td>6</td>
<td>Fluffy pieces with ragged edges, mushy stool</td>
</tr>
<tr>
<td>7</td>
<td>Watery, no solid pieces. ENTIRELY LIQUID</td>
</tr>
</tbody>
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Restricted Antimicrobials

- True or False: There is a restricted antimicrobial policy and Annette can approve medications between **M-F 8-4pm**. She can also guide you on microbiology data and bug-drug mismatch.
- Afterhours, can get 1-2 free doses then **MUST contact** Annette/ID the **next morning**.
- [http://www.venturafamilymed.org/rotations/infectious-disease](http://www.venturafamilymed.org/rotations/infectious-disease)
Isolation Precautions

- Automatic precautions for flu, cdiff, afb sputum.
- Must discontinue isolation orders if negative.
- Nurses must follow Cerner isolation orders and not verbal orders (unless they plan to enter order for cosign).
- Doctors must update isolation orders daily and ideally write in progress note.
- Isolation precautions CDC table on every desktop. Look for Lissa’s picture.
OPAT (outpatient parenteral antimicrobial treatment)

- A program created to ensure safe discharge and follow up of patients on IV antibiotics (Home or SNF).
- Trial OPAT in powernote for multiple users to view and edit
- Can OPAT be filled out even if not a formal ID patient?
What is the Antimicrobial Stewardship Program (ASP)?

- What % of antibiotic use in hospitals is unnecessary or inappropriate?
- Our mission is to ensure that every patient who needs antimicrobials gets the optimal drug choice, dose, duration and route while minimizing resistance and toxicity.
- We review antibiotic use daily on weekdays.
ANTIMICROBIAL STEWARDSHIP: DON’T JUST DO SOMETHING, STAND THERE!

- It is ok to hold on antibiotics and watch closely
- All of us should get in habit of placing contingency plans in chart especially when signing out to night teams
- If you do choose antibiotics, must include justification of antibiotics in your note AND intended duration.
Summary

- We encourage you to join us for an elective even if it is just a few days.
- We want you to learn a lot early on.
- **Check out Bug Bites** – a monthly ID publication on ID website.
- Clinical practice guidelines mentioned here are on ID website and Policy Stat.
- [http://www.venturafamilymed.org/rotations/infectious-disease](http://www.venturafamilymed.org/rotations/infectious-disease)
Questions?