



Objectives: Infections

General Principles

1. In patients with a suspected infection determine the correct tools and protocols, if appropriate, to culture.
2. Treat infections empirically when appropriate (e.g. sepsis)
3. Aggressively and immediately treat patients who have fever or other infectious symptoms or signs before confirming the diagnosis.
4. Consider causes of hyperthermia other than infection in the appropriate patient (e.g. heat stroke, drug reaction, malignant neuroleptic syndrome).
5. In a febrile patient in which a viral infection is suspected, do not prescribe antibiotics.
6. In the elderly patient, be aware that no good correlation exists between the presence or absence of fever and the presence or absence of serious pathology.

Pediatric Infections

7. With respect to common childhood infections such as croup and bronchiolitis:
 - a. Identify and diagnose the condition promptly,
 - b. Treat and/or refer for more urgent care if needed
8. In febrile infants who are 0-3 months old:
 - a. Recognize the risk of occult bacteremia.
 - b. Investigate thoroughly (e.g. blood cultures, urine cultures, lumbar puncture, CXR)

Common Infections

9. With regards to upper respiratory tract infections:
 - a. Identify history and physical characteristics of viral and bacterial infections (e.g. Strep Throat)
 - b. Identify red-flag symptoms suggestive of more serious infections (e.g. epiglottitis, retropharyngeal abscess).
 - c. Reserve antibiotic use for suspected or confirmed bacterial infections
10. With respect to urinary tract infections:
 - a. Treat promptly if suspected on initial testing, without waiting for culture results.
 - b. Consider non-UTI related etiologies of dysuria (e.g. prostatitis, vaginitis, STIs, chemical irritation).
 - c. In patients with recurrent dysuria, look for a specific underlying cause (post-coital UTIs, atrophic vaginitis, retention).
 - d. Consider the diagnosis in the elderly patients presenting with non-specific complaints (e.g. confusion, falls, weakness)
 - e. Consider the diagnosis of pyelonephritis and treat accordingly if suspected.
11. With respect to pneumonia
 - a. Consider pneumonia in patients presenting with and without classic respiratory symptoms (e.g. deterioration, delirium, abdominal pain)



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- b. In patients presenting with pre-existing medical conditions treat multiple problems concurrently (e.g. Prednisone + antibiotics)
 - c. Consider hospitalization if necessary
 - d. Make rational antibiotic choices depending on the clinical scenario (hospital acquired pneumonia, at-risk for atypical pathogens)
 - e. Ensure appropriate follow-up care
12. With respect to meningitis
- a. Ensure a timely lumbar puncture
 - b. Interpret the results of a lumbar puncture to differentiate between viral and bacterial meningitis.
 - c. For suspected bacterial meningitis, initiate urgent empiric IV antibiotic therapy before investigations are complete.
 - d. Contact public health to ensure appropriate prophylaxis for family, friends and other contacts of each person with meningitis.

** Mapped to the CFPC's 105 priority topics: #53-Infections