

In Infection

1. Antibiotics are not the answer in treatment of all infections.
2. Source control must be achieved in addition to antibiotics in sepsis
3. Altered mental status, tachypnea and hypotension can be early indicators of sepsis
4. When sepsis is suspected start antibiotics right away. Every hour delay in starting antibiotics can increase risk of mortality by about 7%.
5. Adult immunization schedules are important. Discuss with patients to keep this up to date. Pneumococcal vaccination, TdAP, annual flu vaccination, zoster and now COVID vaccines should be offered to those eligible.
6. Screening for HIV and Hepatitis B and C should be done in people who have risk factors.
7. Diabetic Foot Infections must be treated systematically. Offloading and addressing peripheral vascular disease when present are important.
8. When treating neutropenic fever, cultures may not be positive. De-escalate antibiotics carefully. If fever persists after a week despite antibacterial treatment, add antifungal coverage presumptively.
9. Most upper respiratory infections are viral in nature, use antibiotics only when necessary.
10. For complicated infections with multi- drug resistant organisms, consider consultation with an Infectious Diseases specialist.

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