



# Socratic Room ABX2018

## Question

15yo M with B-ALL presenting with fever since this morning. ROS is negative including recent travel and sick contacts but he was recently admitted for scheduled induction chemotherapy.

T	HR	RR	BP	SpO <sub>2</sub>
38.5	107	15	102/64	100%

## Physical Exam

Well-appearing male in no acute distress with porta-cath at R upper chest

## Workup

0.2  $\begin{matrix} \diagup 9.3 \diagdown \\ \diagdown 27.5 \diagup \end{matrix}$  89

Electrolytes: WNL  
Biofire: negative

**Of the following, the best management plan for this patient is:**

- A. Cefepime to ensure adequately broad empiric coverage, including Pseudomonas
- B. Cefepime with vancomycin since patient has a central line
- C. Obtain blood culture, admit to stepdown unit, and monitor closely off antibiotics until cultures are negative for >48 hours



# Bugs & Drugs Rapid Review

Answer: B

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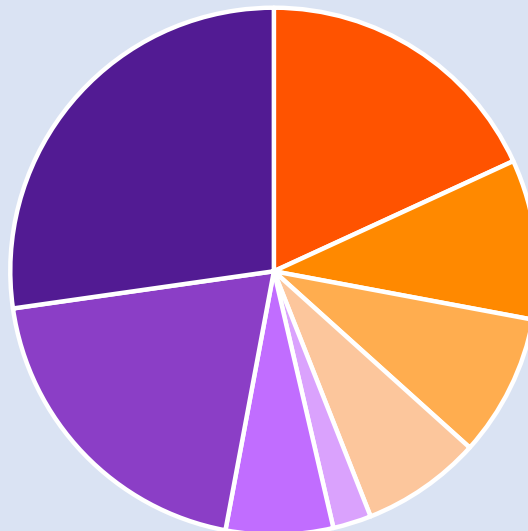
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**R<sub>x</sub>** Antibiotic Didactics - take one every week with food

## Most common neutropenic fever bacterial isolates

- CoNS
- Streptococcus
- S. aureus
- Enterococcus\*  
*not covered by cefepime*



- E. coli
- Acinetobacter
- Klebsiella
- P. aeruginosa

*antibiotic czar*

SIGNATURE

03-16-2018

DATE