



Socratic Room ABX2018

Question

Tracheostomy and GT-dependent 5yo M with epilepsy and hypothyroidism secondary to Dandy Walker Syndrome BIBA for respiratory distress, altered mental status, and hypothermia. He was just discharged from the PICU yesterday following a 10-day admission for a VP shunt malfunction, now s/p revision.

Physical Exam

Dysmorphic, nonverbal male with cold skin, cyanotic extremities, and GCS 2 (eye) – 1 (verbal) – 4 (motor)

T	HR	RR	BP	SpO ₂
33.5	117	12	68/35	86% \bar{c} 21% O ₂ trach mist

Workup

14.5 $\left\{ \begin{array}{l} 11.3 \\ 35.4 \end{array} \right\}$ 129 $\left\{ \begin{array}{l} 134 | 108 | 7.0 \\ 4.0 | 21 | 0.6 \end{array} \right\}$ 98 $\left\{ \begin{array}{l} 8.9 \\ 2.7 \\ 3.9 \end{array} \right\}$

CXR: WNL CT head: stable hydrocephalus

Of the following, the most appropriate empiric antibiotic regimen for this patient is:

- A. Ceftriaxone
- B. Cefepime
- C. Meropenem
- D. Vancomycin + Ceftriaxone
- E. Vancomycin + Meropenem



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Physical Exam

Dysmorphic, nonverbal male with cold skin, cyanotic extremities, and GCS 2 (eye) - 1 (verbal) - 4 (motor)

T	HR	RR	BP	SpO ₂
33.5	67	12	68/35	86% \bar{c} 21% O ₂ trach mist

Workup



CXR: WNL CT head: stable hydrocephalus

Of the following, the most appropriate empiric antibiotic regimen for this patient is:

No MRSA or Pseudomonas coverage

A. ~~Ceftriaxone~~

No MRSA coverage

B. ~~Cefepime~~

No MRSA coverage

C. ~~Meropenem~~

No Pseudomonas coverage

D. ~~Vancomycin + Ceftriaxone~~

E. Vancomycin + Meropenem

Adequate coverage of hospital-acquired and potential multidrug-resistant bugs in a patient with septic shock



Bugs & Drugs Rapid Review

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Rx

Starting empiric antibiotics immediately upon recognition of septic shock significantly reduces morbidity and mortality



Vancomycin plus

Ceftriaxone or

If concerned about HAI or MDR, use

Cefepime or Meropenem

antibiotic czar

04-13-2018

SIGNATURE

DATE