



Socratic Room ABX2018

Clinical Scenario

5 week old male infant – ex-FT born via uncomplicated NSVD to G1P1 mom with no PMH – presenting with fever, fussiness, and poor PO intake. No recent travel, sick contacts, cough, nasal discharge, seizures, or rash.

T	HR	RR	BP	SpO ₂
38.8	128	38	99/50	99%

Physical Exam

Well-developed infant in mild distress. RRR. CTAB. No rash or jaundice.

Workup

15.7 / 16.9 / 103
50.1

Seg 64 Bands 0 Lym 32

- CSF & UA: WNL
- Lytes, AST, ALT: WNL
- CXR: WNL
- Resp viral PCR: neg
- BCx: pending

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

- A. Ampicillin + Gentamicin + Acyclovir
- B. Ampicillin + Ceftriaxone + Acyclovir
- C. Ceftriaxone + Vancomycin
- D. Ceftriaxone



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

~~Ampicillin not necessary because no concern for listeria and clinical scenario is not consistent with HSV~~

~~A. Ampicillin + Gentamicin + Acyclovir~~
Same as A

~~B. Ampicillin + Ceftriaxone + Acyclovir~~

~~Vancomycin not indicated for infant with stable vs~~

~~C. Ceftriaxone + Vancomycin~~

D. Ceftriaxone *Covers most common bugs in febrile infants: E. coli, GBS (strep agalactiae), and strep pneumo*

**okay to use with infants >28 days, especially given current cefotaxime shortage*



Bugs & Drugs Rapid Review

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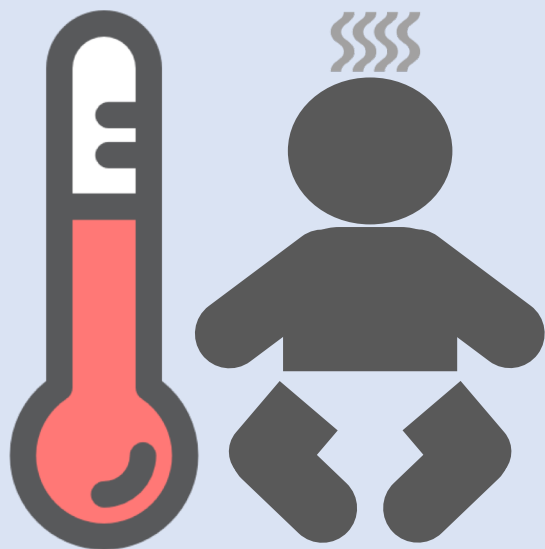
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DOB 11-01-2017

Rx

Febrile infant: full term baby with a fever after 72 hours of life



MOST COMMON BUGS:
ESCHERICHIA COLI
GBS (S. AGALACTIAE)
STREP PNEUMONIAE

Gram negative

Gram positive

antibiotic use

SIGNATURE

05-11-2018

DATE