

# Priority Topic: INFECTIONS

## Key Features:

I strongly suggest studying this topic with **Priority Topic: Antibiotics** as there is a lot of overlap between the two.

1. In patients with a suspected infection,
  - a) Determine the **correct tools** (e.g., swabs, culture/transport medium), **techniques, and protocols for cultures** ,
  - b) Culture **when appropriate** (e.g., throat swabs/sore throat guidelines).

**i.e.: know WHEN and HOW to culture**

## **What you should study:**

### **Commonly cultured:**

- **STI (remember HPV testing)**
- **UTI/prostatitis**
- **vaginitis/balanitis**
- **open wound/ulcer**
- **GBS in pregnancy**
- **GAS pharyngitis**
- **O&P for diarrhea**

✓ these are all covered under the relevant Priority Topics.

2. When considering [treatment of an infection with an antibiotic](#) , do so
- [Judiciously](#) (e.g., delayed treatment in otitis media with comorbid illness in acute bronchitis),
  - [Rationally](#) (e.g., cost, guidelines, comorbidity, local resistance patterns).

### **What you should study:**

- ✓ [Infections in Primary Care Summary](#) - **this is an AMAZING table from the UK that covers almost ALL the infections listed below! but UK antibiotic guide**
- ✓ [Antibiotics and Common Infections RxFiles 2016](#) **Canadian resource**

**Know antibiotic treatment guidelines for all bacterial infections with their own Priority Topic:**

- [Urinary Tract Infection](#)
- [Pneumonia](#)
- [Sexually transmitted infections \(including PID\)](#)
- [Vaginitis](#)
- [Meningitis](#)

**As well as those covered by a Priority Topic:**

- Acute Otitis Media (Earache)
- Otitis Externa (Earache)
- GAS Pharyngitis (URTI)
- Scarlet Fever (URTI / In Children)
- COPD Exacerbation (COPD)
- Acute Bacterial Rhinosinusitis (URTI)
- Pyelonephritis (Dysuria)
- Balanitis (Dysuria)
- Prostatitis (Dysuria, UTI, Prostate)
- Infectious diarrhea / food poisoning (Diarrhea)
- C. difficile colitis (Diarrhea)
- Traveller's diarrhea (Travel Medicine, Diarrhea)
- Septic arthritis (Joint disorder)
- Cellulitis (Skin Disorders)
- Skin Ulcers (Skin Disorders)
- Osteomyelitis (not sure where it fits but definitely know it!)
- Sepsis (Trauma)

3. Treat infections [empirically when appropriate](#) (e.g., in life threatening sepsis without culture report or confirmed diagnosis, candida vaginitis post-antibiotic use).

**AGAIN: know WHEN to culture, but also know EMPIRIC treatments**

**What you should study:**

**This Key Feature overlaps with Priority Topic Antibiotics Key Feature 5**

- ✓ [Aseptic and Bacterial Meningitis AAFP 2017](#)
- ✓ [Septic Shock AAFP 2013](#) **Table 3: Empiric Antimicrobial Recommendations**
- ✓ [BCCA Febrile Neutropenia Guidelines 2015](#)

4. [Look for infection](#) as a possible cause in a patient with an [ill-defined problem](#) (e.g., confusion in the elderly, failure to thrive, unexplained pain [necrotizing fasciitis, abdominal pain in children with pneumonia]).

**Recognize atypical presentations of infection.**

**What you should study:** I was unable to find a resource that addressed this issue in any population other than the elderly.

- ✓ Current Diagnosis and Treatment: Geriatrics Chapter 7 Atypical Presentations **available via Access Medicine**

5. When a patient returns after an original diagnosis of a simple infection and is [deteriorating or not responding to treatment](#), think about and [look for more complex infection](#). (i.e., When a patient returns complaining they are not getting better, don't assume the infection is just slow to resolve).

**What you should study:** Always reassess diagnosis in patient who is not improving. These are a few common infections with dangerous mimics.

- ✓ [Cellulitis and soft tissue infections AIM 2018](#)
- ✓ [Pharyngitis AIM 2012](#)

6. When treating infections with antibiotics **use other therapies when appropriate** (e.g., aggressive fluid resuscitation in septic shock, incision and drainage abscess, pain relief).

**This is something you will have to know, but it comes with clinical exposure.**