



MANAGEMENT OF PATIENTS WITH FEVER

• DFGSM3 •

1 Assess severity

Neurological signs

- Altered consciousness
- Recent focal neurological signs
- Seizures

Hemodynamic

- Hypotension BPs < 90 mm Hg or more that 40 mm Hg lower than usual
- HR > 120/min
- Pallor, cyanosis
- Oliguria

Respiratory

- RR > 30/min
- Respiratory distress

Skin : purpura +++++

Purpura fulminans : purpura with at least one necrotic or ecchymotic lesion, with a diameter \geq 3 mm



Past history



- ① Medical history
- ② Immunosuppression
- ③ Foreign bodies
- ④ Treatments
- ⑤ Vaccinations
- ⑥ Past hospitalisations
- ⑦ Travel
- ⑧ Exposure

Habits



- ① Profession
- ② Family
- ③ Leisure
- ④ Animals
- ⑤ Toxicomania
- ⑥ Sexual

Fever



- ① Duration
- ② Evolution
- ③ Curve
- ④ Chills

Symptoms



- ① **Flu-like symptoms**
- ② **General signs** : Fatigue, anorexia, weight loss
- ③ **Signs « from the top to the bottom »** :
Neurological, ENT, teeth, adenopathy, thyroid,
heart, lung, digestive, urinary, gynecological,
bone and joint, skin...

First, signs of severity

Neurological

Hemodynamic

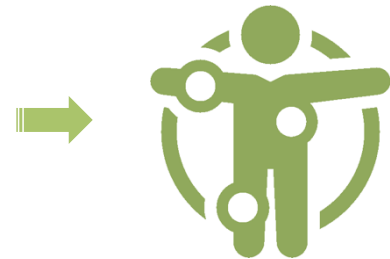
Respiratory

Skin : purpura +++++

Then complete examination

« from the top to the bottom » :

Neurological, ENT, teeth, adenopathy,
thyroid, heart, lung, digestive, urinary,
gynecological, bone and joint, skin...



A useful memo ++++

The 10 commandments of the ID physician =
10 points to check before starting an antibiotic treatment

The patient

- ① Allergies
- ② Treatments : interactions and recent exposure to antibiotics
- ③ Immunosuppression and pregnancy
- ④ Comorbidities (kidney failure requiring dosage adaptation ?) and foreign bodies (pace maker...)

His infection

- ⑤ Severity / emergency
- ⑥ Site of infection (accessibility to antibiotics)
- ⑦ Secondary localizations (ex spondylodiscitis with endocarditis)

Suspected or identified bug

- ⑧ Resistance phenotype

Patient's environment

- ⑨ Foreign stay ? Recent contact with healthcare system ?
- ⑩ Contacts to handle (TB ? STD ?)

- ✓ No severity
- ✓ No complication
- ✓ No comorbidity
- ✓ Patient is not alone
- ✓ Patient can be reevaluated by a physician
- ✓ Patient is aware of the proper behaviour in case of aggravation
- ✓ Patient is compliant

1. Context

- ① Emergency or not
- ② Medicine / ICU / surgery / ambulatory care

2. Patient's treatment

- ① Etiologic treatment (antibiotics...)
- ② Treatment of the site of entry (cellulitis...)
- ③ Treatment of complications (abscess, septic shock)
- ④ Treatment of underlying/predisposing conditions
- ⑤ Treatment of symptoms (pain, fever)
- ⑥ Treatment of associate diseases (STD)
- ⑦ Prevention, education

3. Collective dimension of the specialty +++ = Prevention of dissemination to other patients

- ① Isolation
- ② Mandatory reporting
- ③ Prophylaxy for contacts (meningo. etc)
- ④ Screening and treatment of contacts (STD, TB)

Persisting fever after 3 days of treatment : What should you consider ?

1. Treatment is not correct

- ✓ Spectrum : ex 5% *E. Coli* ESBL carriage in France
- ✓ Posology
- ✓ Route of administration

2. Poor compliance to treatment

3. Complications (ex for pyelonephritis)

- ✓ Abscess
- ✓ Persisting obstacle requiring drainage

Note : In other infections this could be dissemination with abscesses in other organs, like during endocarditis, or local extension (empyema, meningitis etc.)

4. New nosocomial infection : catheter ?

5. Thrombo-embolic complication

6. Allergy