

# Care of Infectious Conditions in an Observation Unit



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## KEYWORDS

• Infectious conditions • Emergency department • Soft tissue infections

## KEY POINTS

- Urinalysis and urine culture are indicated for all patients with acute pyelonephritis, preferably before starting antibiotics.
- Blood cultures rarely impact patient management and should not be routinely ordered.
- Radiographic imaging with a computed tomography scan or renal ultrasound provides a useful adjunct in the evaluation and management of complicated urinary tract infection.
- Indications for radiographic imaging include immunosuppression, persistent symptoms despite antibiotic therapy, recurrent infections, sepsis, diabetes, and prior urologic surgery.

## Case Study

A 38-year-old man presented with a 3-day history of redness, swelling, and pain on his right thigh. He reported subjective fever and chills. Examination revealed oral temperature of 38.0°C, pulse 88, blood pressure 120/70 mm Hg, and respiratory rate 12. Right thigh had a 3 × 3-cm tender, indurated, and fluctuant area consistent with an abscess, which was drained in the Emergency Department (ED). Patient was given IV antibiotics and placed in the Emergency Department Observation Unit (EDOU). There was marked improvement of his cellulitis with extremity elevation and continued antibiotics, and the patient was discharged the next day on oral clindamycin.

## INTRODUCTION

Infectious conditions are commonly encountered in the ED. With the emergence and spread of drug-resistant organisms, especially community-acquired methicillin-resistant *Staphylococcus aureus* (CA-MRSA), management of infections poses new challenges.<sup>1–3</sup> These infections have a higher incidence of complications and

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Emerg Med Clin N Am 35 (2017) 647–671

<http://dx.doi.org/10.1016/j.emc.2017.03.009>

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hospitalization. Choice of initial antibiotic medication and predicting response to therapy may not be straightforward. Sometimes the decision to admit versus discharge home can be a difficult one. The emergency physician may need more time to evaluate response to therapy before making a final disposition. An EDOU provides a convenient and safe option for carefully selected patients with infectious conditions (Fig. 1).

SKIN AND SOFT TISSUE INFECTIONS

Between 1993 and 2005, annual ED visits in the United States for skin and soft tissue infections (SSTIs) increased from 1.2 to 3.4 million<sup>4</sup> and continues to increase.

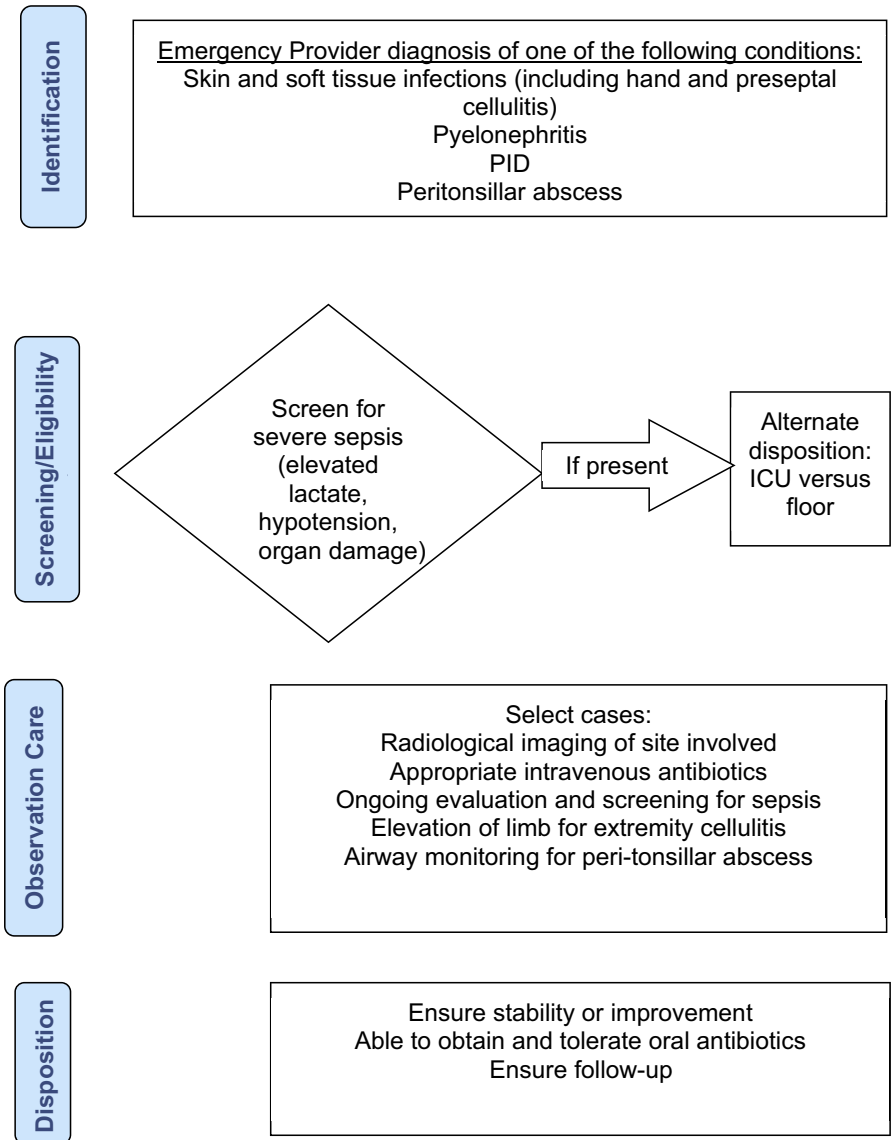


Fig. 1. Care of patients with infections in the observation unit. ICU, intensive care unit.

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