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| **Site of Case** | **Case Number** | **Title** | **Ward Type** | **Case Call** | **Teaching Point and Theme** | **Ucx date** |  |
| MIA | 3 | Something "diff"erent for a change | Acute Med | ASB-U | Focusing on the urine would have led to inappropriate use of antibiotics in a patient with C. diff | 6/20/2018 |  |
| MIA | 4 | The Well-Meaning Family | CLC | ASB-U | Detecting symptoms is difficult in non-verbal patients, but don't always place the blame on the urine | 5/22/2018 |  |
| MIA | 5 | A Question of Quinolones | Acute Med | ASB-A | Ciprofloxacin in older adults can cause dysglycemia, tendon problems, delirium, diarrhea, rash, and interstitial nephritis | 4/3/2018 | link to FDA quinolone report |
| MIA | 6 | Burning Down Below | Acute Med | UTI-A | This patient had a symptomatic CAUTI with fever and hematuria | 7/28/2018 |  |
| GLA | 7 | Not All Hematuria is UTI | Acute Med | ASB-U | Hematuria can be caused by sources other than UTI, in this case the renal mass | 6/28/2018 |  |
| GLA | 8 | Bacteria Make Me Crazy | Acute Med | UTI-A | Delirium should be interpreted with Caution in the setting of suspected UTI (should meet at least 2 of the 4 criteria) | 1/7/2019 |  |
| MIA | 9 | Don't Fall for Antibiotics! | CLC | ASB-U | Test of cure urine cultures are not indicated | 12/8/2017 |  |
| GLA | 10 | Benefits of Watchful Waiting | CLC | ASB-U | Close observation Here Spared the patient antibiotics | 6/8/2018 |  |
| GLA | 11 | Find the Source of the Fever | Acute Med | ASB-U | (Fever resolved without an antibiotics start, suggesting that UTI was not the source) | 6/22/2018 |  |
| GLA | 12 | Not All Dysuria is UTI | Acute Med | ASB-U | Patients with repeated Foley caths may often be colonized, so interpret positive UC results with care | 10/3/2017 |  |
| GLA | 13 | Misled by Leukocytosis | Acute Med | ASB-A | Leukocytosis has many Causes | 10/25/2017 |  |
| GLA | 14 | Concerned about Urinary Retention and Cloudy Urine | CLC | ASB-A | The patient improved on tamsulosin, suggesting that UTI was not the problem | 12/1/2017 |  |
| GLA | 17 | Look for and Treat the Symptoms | CLC | UTI-A | Guidelines recommend catheter change when treating for CAUTI | 11/16/2017 |  |
| MIA | 21 | Don't Fall for the Abnormal UA | Acute Med | ASB-U | Positive urine culture was likely an incidental finding of asymptomatic bacteriuria, commonly observed in patients with an indwelling catheter | 10/4/2017 |  |
| MIA | 22 | No Knee-Jerk Antibiotics for ASB! | CLC | ASB-A | Consider instead close observation and watchful waiting before initiating antibiotics treatment in stable patients | 12/14/2017 |  |
| MIA | 23 | Just Because It's Resistant doesn't Mean You Need to Treat It | Acute Med | ASB-A | MDR E. coli is not any more in need of antibiotics than sensitive E. coli when found in the urine of an asymptomatic patient | 6/19/2018 |  |
| MIA | 24 | Beware the History of C. difficile | Acute Med | ASB-A | Check the chart for a prior history of C. diff. Such patiens are at high risk for symptomatic C. diff again if given antibiotics. PPIs also increase the risk of C. diff | 8/7/2018 |  |
| MIA | 25 | Does the Drug Match the Bug | Acute Med | UTI-A | Be sure to tailor your empiric antibiotics when you have culture results | 11/4/2017 |  |
| MIA | 26 | Be Sensitive to the Organism Sensitivities | Acute Med | UTI-A | Know When to Call for Help. Consider ID consult for ESBL in a febrile patient | 8/20/2018 |  |
| MIA | 27 | Occam's Razor: One Infection is Enough | Acute Med | UTI-A | This patient had dysuria + normal CXR, so no need to invoke pneumonia as the cause of his symptoms | 4/8/2019 |  |
| Minn | 28 | A Case of colonization: All delirium is not UTI | Acute Med | ASB-U | The medicine team correctly noted that the patient's positive urine culture likely represented chronic colonization | 8/3/2018 |  |
| Minn | 29 | Not Diverted by Delirium | CLC | ASB-U | UTI is not the cause of all delirium | 8/20/2018 |  |
| Minn | 30 | De-bunking the "infectious workup" panculture | CLC | ASB-U | Urine cultures may often be ordered as part of an infectious workup panel, even when the patient shows no urinary localizing symptoms. Interpret these findings with caution, in light of any urinary symptoms. This culture was no necessary | 9/10/2018 |  |
| Minn | 31 | Consider the Source of the Symptoms | Acute Med | ASB-U | Considering and appropriately steering treatment towards non-urinary causes help reduce misdiagnosis of "UTI" | 7/20/2018 |  |
| Minn | 32 | Let it Flow! | Acute Med | UTI-A | Urinary retention in the setting of bacteriuria can rapidly become UTI, Unimpaired urinary drainage is essential  | 8/14/2018 |  |
| Minn | 33 | Fooled by the Foul Smell | Acute Med | ASB-A | Foul urine odor is not a symptom of UTI nor a reason to send a urine culture | 8/17/2018 |  |
| Minn | 34 | Misplaced Good Intentions | Acute Med | UTI-A | (Agitation can be caused by urinary retention) | 9/12/2018 |  |
| Minn | 35 | When Urinary Retention Leads to UTI | Acute Med | UTI-A | Urinary retention often converts asymptomatic bacteriuria to symptomatic UTI | 6/5/2018 |  |
| Minn | 36 | Perturbed by Pyuria | Acute Med | ASB-A | Pyuria/abnormal UA are misleading and nonspecific findings for UTI, in absence of true urinary symptoms | 6/4/2018 |  |
| Minn | 37 | Deciphering "Sepsis" and UTI | Acute Med | ASB-A | Hypotension is often multi-factorial. Seek non-infectious causes too. | 5/6/2018 |  |
| Minn | 38 | Not All Lethargy is UTI | CLC | ASB-A | If there's a drug-bug mismatch, and the symptoms have involved, stop the antibiotics given for UTI | 3/16/2018 |  |
| Minn | 39 | Instrumentation Can Cause UTI | Acute Med | UTI-A | Intermittent catheterization can lead to CAUTI | 12/10/2017 |  |
| MIA | 41 | No Fun with Fungus | Acute Med | ASB-U | Candida in the urine rarely requires treatment; Ongoing treatment with cipro for prior UTI selected for Candida; test of cure urine cultures are not necessary particularly in a patient with dyspnea | 10/25/2018 |  |
| MIA | 42a | More Antibiotics Lead to More Resistance | CLC | ASB-A | Findings of a drug resistant organism can be powerful triggers for an unneeded antibiotics start, even in an asymptomatic patient | 12/1/2018 |  |
| Minn | 42b | Is Candida the Culprit? | Acute Med | ASB-U | Antibiotics may contribute to system toxicity and organ failure. Choose wisely in older and frail patients | 10/31/2018 |  |
| Minn | 43 | Don't Fall for the Low Grade Fever | CLC | ASB-U | (The gram positive cocci un the urine likely represented colonization) | 10/21/2018 |  |
| AAVA | 44 | Near-Miss Antibiotic Overuse | CLC | ASB-U | Severe behavior Changes may sway a provider into treatment for UTI. Consider other etiologies instead | 8/6/2018 |  |
| AAVA | 45 | "Favor Colonization Rather than Infection" | Acute Med | ASB-U | Patients with SCI many not have urinary symptoms, so look for systemic signs and symptoms | 1/20/2018 |  |
| AAVA | 46 | A Nightmare on Fuller Street | CLC | ASB-A | His single episode of confusion/AMS is not a UTI symptom; a urine culture was unnnecessary in a patient with COPD | 10/6/2017 |  |
| MIA | 51 | You Have the Power (to Stop Antibiotics) | Acute Med | ASB-U | The admitting team should feel empowered to stop unnecessary antibiotics started for UTI | 10/19/2018 |  |
| MIA | 52 | Overtesting in the CLC | CLC | ASB-U | Overtesting in CLC can be common. A Practiced awareness of the guidelines prior to ordering a culture can spare a patient a round of antibiotics | 11/23/2018 |  |
| HOU | 54 | When the UTI symptoms don't improve on Appropriate Antibiotics | Acute Med | UTI-A (complicated by obstruction) | Source Control should be considered once a drug-bug mismatch is ruled out. Focusing on other unlikely causes would lead to delays in appropriate treatment here | 1/10/2019 |  |
| HOU | 55 | Treating the Urine but Missing the Problem | Acute Med | ASB-A | (Ultimate cause of symptoms was the gallbladder perforation and infection, not the urine) | 4/30/2019 |  |
| HOU | 56 (listed as 53 when given to  | Antibiotics Train has Left the Station! | Acute Med | ASB-A | Work up alternate etiologies in a patient where urinary symptoms are vague and secondary. Ask patients about duration of urinary symptoms | 6/16/2019 |  |
| AAVA | 57 | Tiny Bubbles in the Stream | Acute Med | UTI-A | Antibiotics are not needed for every passed kidney stone, but in his case he developed symptoms consistent with UTI | 9/5/2018 |  |
| AAVA | 58 | "Burns like Fire" | CLC | UTI-A | 1. Cephalosporins do not treat Enterococci 2. Enterococcus isn't always a pathogen, but in this case his symptoms persisted and justified treatment | 8/1/2018 |  |
| AAVA | 59 | Don't Fall for the Abnormal Findings | Acute Med | ASB-A | (Falls were likely due to orthostatic hypotension from imdur use) | 10/4/2018 |  |
| AAVA | 60 | The Best Intentions Can Lead to Urinary Retention | CLC | UTI-A | Look for iatrogenic causes when a patient develops new urinary retention | 3/20/2018 |  |
| MIA | 61 | Anchors Away, Avoid Bias Today! | Acute Med | ASB-A | Be very suspicious of a history of "recurrent UTI" - that can lead to anchoring bias | 1/26/2019 |  |
| MIA | 62 | Post-Urologic Procedures - Antibiotics are Appropriate | Acute Med | UTI-A | Bacteremia is very common after urologic procedures. Empiric treatment based on prior cultures is appropriate. | 5/30/2019 |  |
| AAVA | 63 | Don't Pander to the Urge to Pan-Culture | Acute Med | ASB-U | The report of sludge in the tubing was a leading symptime. Foul smell, cloudy urine, or sediment in the tubing are not symptoms of UTI. Patients with chronic suprapubic catheters are often colonized with bacteria | 11/7/2018 |  |
| MIA | 64 | Tachycardia has a Tale to Tell | Acute Med | ASB-A | Pyuria does not distinguish between ASB and UTI | 10/1/2018 |  |
| AAVA | 65 | Navigating UTI in a Non-Verbal Patient | Acute Med | UTI-A | Appropriate to treat for UTI in a non-verbal patient | 9/5/2019 |  |