

CASE SCENARIO

CASE 1

- An 85 year old patient presented to Emergency Department on 1st December, with history of head injury. Admitted in ICU on 1st December. She is unresponsive, rigid and Glasgow scale is 4. The patient is operated and shifted to ICU with subclavian central line catheter.

On 2nd December the she had Fever that continues till 4th December. Blood culture is taken on 4th December. The culture findings came positive for *Escherichia coli* on 5th December. Patient's condition continued to deteriorate and the patient died on 7th December. No other samples were sent for Culture.

CASE 2

- A 48 year old male patient was admitted in the hospital emergency on 20th November with complaints of fever, cough and chest pain. The patient was shifted to the ICU on 22nd November after jugular central line insertion. Blood culture sent on 25th November grew *Klebsiella pneumoniae*. After 2 days, blood culture was again sent which was reported to grow *Escherichia coli*. Antibiotics were initiated based on the AST reports and the patient was shifted to the ward on 1st December.

CASE 3

- 28-year-old male patient who presented with a severe traumatic brain injury was admitted to hospital on 1st October and on 2nd October shifted to ICU. A central line (subclavian) was inserted on 3rd October and the patient was ventilated. On 4th October at 10 PM, blood cultures were sent, that came positive for *Klebsiella pneumoniae*. Antibiotics were started and on 10th October patient was shifted to ward.

CASE 4

- A 52 year old male patient had road traffic accident and admitted to the hospital on 14th March. He was immediately operated for fracture femur following which the patient was shifted to the ICU on 15th March. On 17th March, a central line was inserted. On 18th March the patient presents with high grade fever and rigors. On 20th March paired blood culture was sent which grew *Staphylococcus epidermidis*. The fever continues and on 21st March again single blood culture was sent which grew *Acinetobacter baumannii*. The central line was removed on 21st March following which the fever subsided and on 25th March the patient was shifted to the respective orthopaedic ward.

CASE 5

- A 70-year-old female patient was referred from other hospital on 28th November with pain in the right lower abdomen region since past 30 days. The patient was diagnosed to have carcinoma pancreas. Urinary catheter and central line were inserted on 29th November and surgery was performed. On 1st December, patient was admitted in ICU. On 5th December, urine cultures were sent which grew *Escherichia coli* (10*5 cfu/ml). On 6th December, there was acute deterioration in general condition, with tachycardia and hypotension. Temperature was 39.5°C. Blood cultures sent on 7th December, which grew *Escherichia coli*. On 15th December the patient's general condition improved and was shifted to ward.