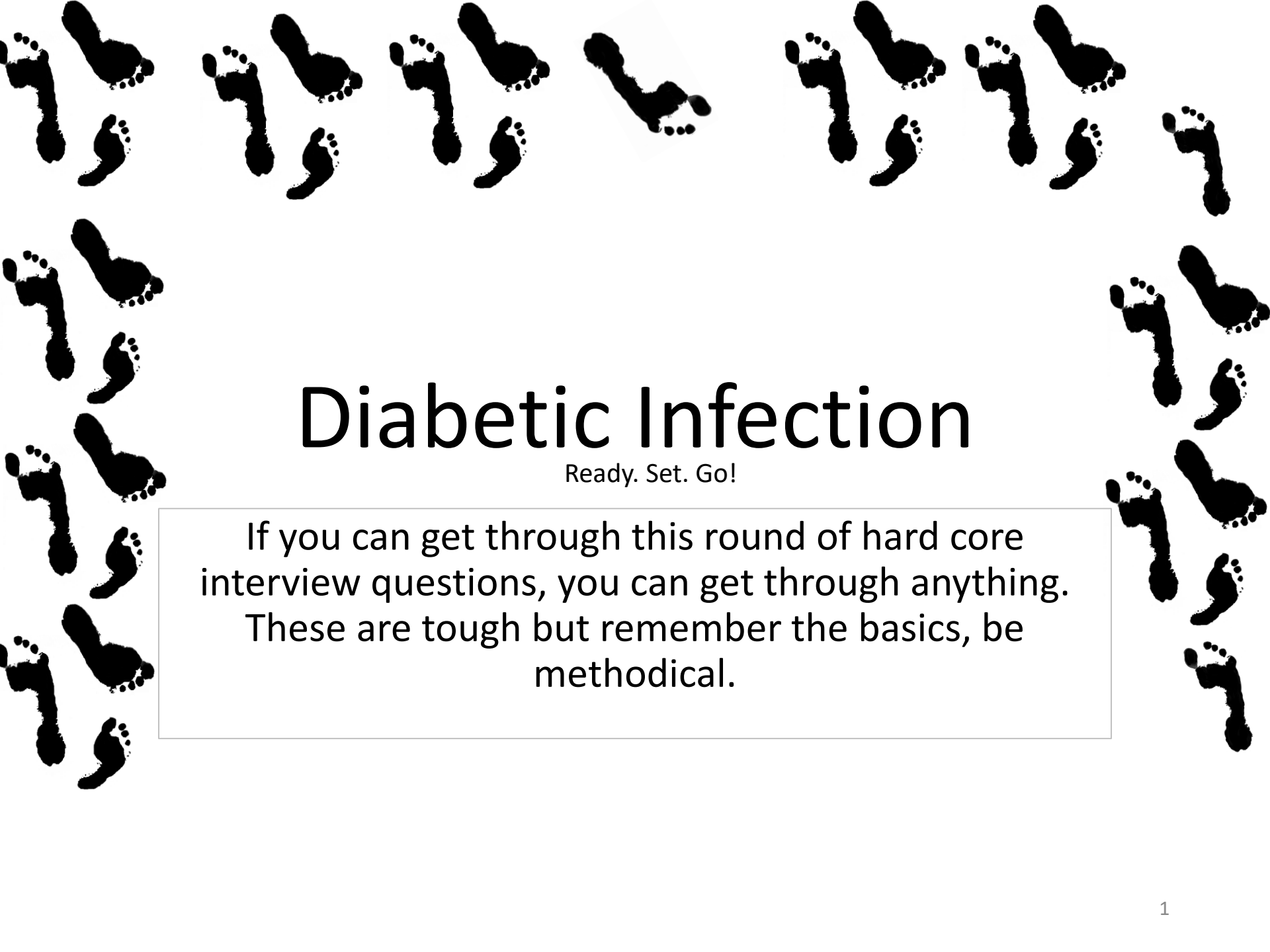


Diabetic Infection

Ready. Set. Go!

If you can get through this round of hard core interview questions, you can get through anything. These are tough but remember the basics, be methodical.

Case

- HPI: A 59 year old Male presents to the clinic with a wound on the tip of his LEFT big toe.

What else do you want to know?

Past History

- **Illnesses**: DMII, CKDII, HTN, HLD,
- **Meds**: Glyburide, Metformin, Lisinopril, Amlodipine, Atorvastatin
- **Allergies**: none
- **Operations**: LEFT 2rd toe partial amputation (2010)
- **FamHx**: DMII
- **SocHx:** drinks ETOH socially
- **ROS:** negative

What do you want to know next?

Objective

- Vitals:
  - BP = 148/92
  - HR = 87
  - RR = 27
  - T = 38.5 C (101.3 F)

What is SIRS criteria? Define Sepsis? Does this patient meet either?

Physical Exam

VASC:

- DP/PT pulses non-palpable b/l
- Biphasic PT and monophasic PT on Doppler b/l
- No digital hair present

NEURO:

- Loss of protective sensation distal to ankle b/l

MSK:

- s/p LEFT 2rd digit amputation
- 5 degrees DF at ankle joint b/l with knee extended and flexed

DERM:

- Full-thickness ulceration (2.5 x 2.2 x 0.9 cm) distal LEFT hallux.
  - Has necrotic and fibrous base, moderate peri-wound edema
  - Probing to bone
  - hyperkeratotic borders, mild serosanguinous drainage
  - No active purulence, marked malodor

Clinical Image

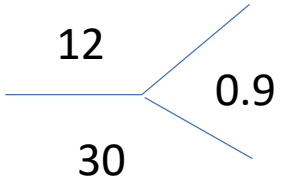
– What would you like next?

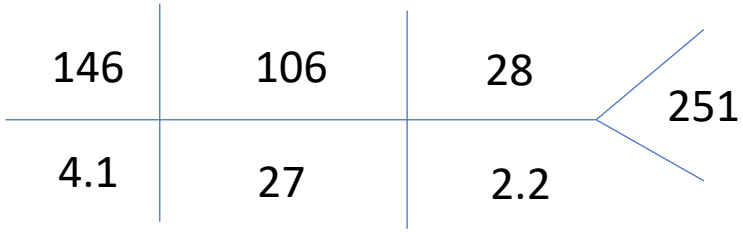
Read this x-ray

What would you like to do next?

Labs

ESR = 70 mm/hr
CRP = 50 mg/dl
HbA1c = 10.0%





What labs are abnormal?

Assessment

What is your full assessment?

Plan

What is your plan doctor?

Do you think it is infected?

Will you admit the patient?

Would you perform surgery?

What abx would you give?

Surgery

- What are the surgical goals for this case?

Pimp Questions

Diabetic Infection

Pimp Questions

1. What antibiotics would you use for Staph or strep?
2. What is a 2nd generation cephalosporin
3. What oral Abx used against MRSA?
4. What ABI values indicate poor healing
5. TcPO2 values for poor healing?

Pimp Questions

1. What are Gram (+) gas producing bacteria?
2. Gram (-) gas producing bacteria?
3. Name one anaerobic bacteria.
4. Antibiotics against pseudomonas?
5. After surgery you noticed the patient bleeds poorly, what is your next step?
6. When do you admit a patient?

Answers

Case

- HPI: A 59 year old Male presents to the clinic with a wound on the tip of his LEFT big toe.

What else do you want to know?

NLDOCAT, IMAHO. Does patient have fevers, chills, nausea, vomiting. Last meal he ate?

Objective

- Vitals:
  - BP = 148/92
  - HR = 87
  - RR = 27
  - T = 38.5 C (101.3 F)

SIRS: 2 of the following criteria
- HR > 90
- RR > 20 or PaCO2 <32 mmHg
- T <36 C (96.8 F) or >38 C (100.4 F)
- WBC <4 or >12, or >10% bands

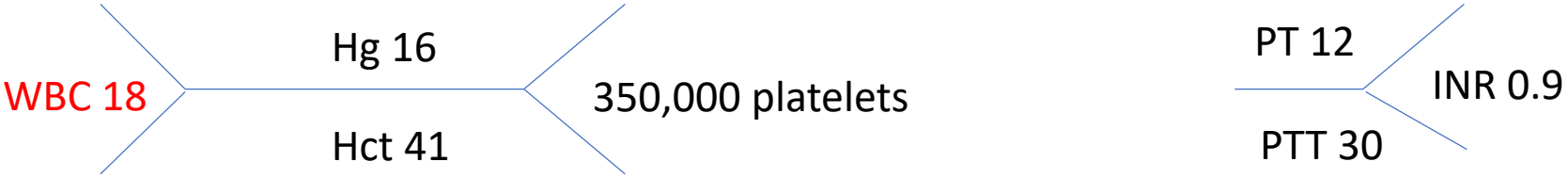
What is SIRS criteria? Define Sepsis? Does this patient meet either?

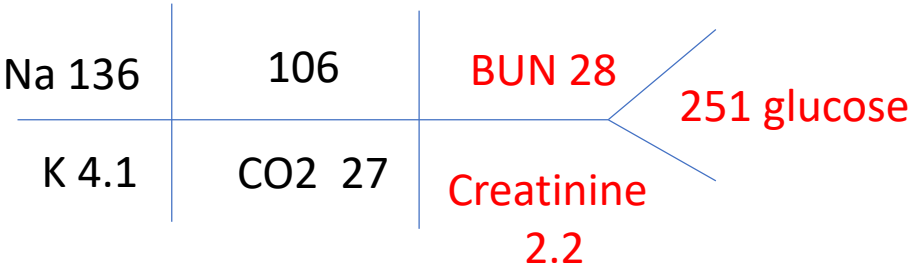
-Sepsis: SIRS + source of infection

-Septic shock: Severe sepsis with hypotension

Labs

ESR = 70 mm/hr
CRP = 50 mg/dl
Lactose = 2.9 mEq/L
HbA1c = 10.0%





What labs are abnormal?

Labs

- Increased leukocyte count **(>15,000 cells/ul)** indicates increased inflammation, not necessarily infection. Getting CBC with differential–band cells **(>10% bands)**

- ESR is a non-specific marker of infection/osteomeylitis, as it increases in any inflammatory state. extremely elevated **(>60 mm/hr)**

- CRP **(>0.6 mg/dl)** is found more in acute inflammation,not specific for infection/osteomyelitis.

- Normal lactate of venous blood is 0.5-2.2 mEq/L. The mortality rate significantly increases after lactate **>4 mEq/L**.

Surgery

- What are the surgical goals for this case?
  1. Culture and sensitivity
     1. Would culture – deep wound specimen
     2. I & D with pulse lavage
     3. Blood cultures for bacteremia
     4. Bone biopsy – “gold standard”
  2. Hallux amputation or TMA based on blood flow
  3. TAL or gastric lengthening

Pimp Questions

1. What are most common Gram positives in osteomyelitis? S. aureus, S. epidermidis
2. What is a 2nd generation cephalosporin? Cefaclor (Ceclor) or cefuroxime (Ceftin)
3. What oral Abx used against MRSA? Linezolid, Minocycline, Ciprofloxacin, Bactrim
4. What ABI values indicate poor healing? ABI <0.40
5. TcPO2 values for poor healing? TcPO2 <20-30 mmHg are severely ischemic

Pimp Questions

1. What are Gram (+) gas producing bacteria?
   - Clostridium perfringes
   - Staph
   - Strep
   - Peptostreptococcus
2. Gram (-) gas producing bacteria?
   - Bacteroides
   - E. coli
   - Klebsiella
   - Serratia
3. Name one anaerobic bacteria. MRSA, C. Diphteria, Listeria monocytogens, Bacillus antrhacis, C. perfringes, C. tetani, C. difficile
4. Antibiotics against pseudomonas? (FAT CIAZ) Fortaz, Aminoglycosides, Timentin, Cipro, Imipenem, Axtreonam, Zosyn
5. After surgery you noticed the patient bleeds poorly, what is your next step? Consult vascular, possible TMA or BKA.
6. When do you admit a patient? Wet Gangrene, Gas Gangrene, Necrotizing Fasciitis, Compartment Syndrome, Sepsis, SOB, pregnant with foot wound

Great Job!

Don’t stop, keep it up!