



# **CASE SCENARIO**

# CASE 1

- An 85 year old patient presented to Emergency Department on 1<sup>st</sup> December, with history of head injury. Admitted in ICU on 1<sup>st</sup> December. She is unresponsive, rigid and Glasgow scale is 4. The patient is operated and shifted to ICU with subclavian central line catheter.
- On 2<sup>nd</sup> December she had fever that continues till 4<sup>th</sup> December. Blood culture is taken on 4<sup>th</sup> December. The culture findings came positive for *Escherichia coli* on 5<sup>th</sup> December. Patient's condition continued to deteriorate and the patient died on 7<sup>th</sup> December. No other samples were sent for culture.

## CASE 2

- A 48 year old male patient was admitted in the hospital emergency on 20<sup>th</sup> November with complaints of fever, cough and chest pain. The patient was shifted to the ICU on 22<sup>nd</sup> November after jugular central line insertion. Blood culture sent on 25<sup>th</sup> 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 1<sup>st</sup> December

## CASE 3

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

## CASE 4

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

## CASE 5

- A 70-year-old female patient was referred from other hospital on 28<sup>th</sup> 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 29<sup>th</sup> November and surgery was performed. On 1<sup>st</sup> December, patient was admitted in ICU. On 5<sup>th</sup> December, urine cultures were sent which grew *Escherichia coli* (10\*5 cfu/ml). On 6<sup>th</sup> December, there was acute deterioration in general condition, with tachycardia and hypotension. Temperature was 39.5°C. Blood cultures sent on 7<sup>th</sup> December, which grew *Escherichia coli*. On 15<sup>th</sup> December the patient's general condition improved and was shifted to ward.