Objectives 8/15/2023:

Infections in transplant patients

1. Understand why diagnoses of infections can be more difficult in solid organ transplant (SOT) patients than normal hosts. Describe some reasons why prevention of infection is preferable to treatment of infection.
2. Define donor-derived infection, activation of latent infection in transplant recipients, and recipient-derived infections and give examples of each.
3. Make a table and describe the timeline of post-transplant infections. Specifically know the infections most commonly seen in the first month after transplant, 1-6 months after transplant, and > 6 months after transplant.

Infectious GI syndromes

1. Define acute, persistent, and chronic diarrhea.
2. Which patients with diarrhea should have diagnostic assessment of their stool to guide antimicrobial use?
3. List first-line agents for the treatment of acute c. diff infection, both non-severe and severe. Describe treatment options for recurrent c. diff infection.
4. Outline the treatment of fulminant c. diff infection and define fulminant c. diff.

Neutropenic fever

1. Define chemotherapy-induced neutropenia and fever in this context.
2. Describe the initial management of a patient diagnosed with chemotherapy induced neutropenic fever in terms of empiric antibiotic coverage and appropriate diagnostic testing.
3. List several reasons (about 5) for which a patient should have vancomycin given at time zero (time of diagnosis).
4. Describe the clinical syndromes associated with neutropenic fever specifically the well-known clinical syndromes of invasive aspergillus, ecthyma gangrenosum, and typhlitis.
5. Describe when antimicrobial therapy for neutropenic fever can be discontinued.