

## **August 16, 2016 AHD Objectives**

### **Neutropenic fever:**

1. Recall the definition of chemotherapy-induced neutropenic fever and identify the typical microbiologic etiology and pathogenesis.
2. Know the appropriate initial and ongoing diagnostic evaluation in chemotherapy-induced neutropenic fever with attention to well-known clinical syndromes such as invasive aspergillus, ecthyma gangrenosum, and typhlitis.
3. Identify the appropriate antimicrobial regimens for initial neutropenic fever and persistent neutropenic fever. Understand the concept of de-escalation.

### **CAP/HCAP:**

1. Define community acquired pneumonia and health-care associated pneumonia and list the most common pathogens responsible for these infections.
2. Understand the proper use of scoring systems to determine severity of pneumonia and its initial empiric treatment.
3. Describe several risk factors for multidrug resistant pathogens.
4. Describe the appropriate timing and formula for de-escalation of therapy for health-care associated pneumonia.
5. Describe the appropriate management of patients who should be evaluated for treatment failure or complications from infection.

### **Diabetic Foot Infection:**

1. List the major predisposing factors leading to a diabetic foot ulcer, and the percentage of diabetic patients who develop a foot ulcer in their lifetime.
2. Describe the clinical findings that support infection of a diabetic foot ulcer, the best source of culture for a true pathogenic organism, and the gold standard test for diagnosis of osteomyelitis.
3. Understand the radiologic tests used to diagnose infected diabetic feet including plain film, technetium-99 bone scan, nuclear white blood cell scan, and MRI and their sensitivities and specificities for diagnosis of infected diabetic feet.
4. Understand the laboratory tests that are useful in the evaluation of the patient with a possibly infected diabetic foot wound.
5. Understand the role of evaluation for peripheral arterial insufficiency in the management of diabetic foot wounds, and the values of ankle-brachial index that is consistent with poor blood supply to the foot.