**August 6, 2019 AHD Objectives**

**Chemotherapy- Induced 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), and know the reason why this antibiotic should **not** be given at the time of diagnosis, to **every** patient diagnosed with neutropenic fever.
4. Describe the clinical syndromes associated with neutropenic fever specifically the well-known clinical syndromes of invasive aspergillus, ecthyma gangrenosum, and typhlitis.
5. Understand the concept of de-escalation for identified infectious causes.

**Herpes Viruses**

1. Know the clinical manifestations of the 8 human herpes viruses.
2. Know the indications for vaccinations for varicella and the indication for IVIG for varicella.
3. Understand the appropriate indications for serologic testing, PCR, and biopsy when diagnosing herpes viral infections.
4. Understand the indications for acyclovir and ganciclovir in the treatment of herpes virus infections.
5. Make a list of the neoplastic diseases caused by the herpes virus oncogenes.

**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.