

## **August 14, 2018 AHD Objectives**

### **Neutropenic Fever**

1. Define neutropenia and fever in this context.
2. Describe the initial management of a patient diagnosed with chemotherapy induced neutropenic fever in terms of antibiotic coverage and appropriate diagnostic testing.
3. List several reasons for which a patient should have vancomycin given in the empiric antibiotic regimen, and know the reason why this antibiotic should not be given to every patient diagnosed with neutropenic fever, initially.
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.

### **HIV**

1. Describe the advantages for opt-out HIV screening according to the USPSTF and the CDC, and the recommendations according to these agencies for screening.
2. Describe the benefits to fourth-generation testing over third-generation testing and its potential downside.
3. Describe the indication for Pre-exposure Prophylaxis and its effectiveness.
4. Describe the indications for combination antiretroviral therapy (CART).
5. Define IRIS syndrome.
6. Describe the recommendations for prophylaxis of certain opportunistic infections in patients with low CD4 counts/ clinical AIDS diagnoses.

### **Staphylococcus Aureus Blood Stream Infection**

1. Understand the seriousness of staphylococcus aureus bacteremia (SAB) and know the risk of metastatic infection, endocarditis, and 3-month mortality in patients who have SAB.
2. Describe the appropriate clinical evaluation in a patient with Staphylococcus aureus bacteremia according to the IDSA guidelines.
3. Compare/define uncomplicated bacteremia and complicated bacteremia and know the appropriate duration of *intravenous* antibiotic therapy for both.
4. Know the preferred therapy for methicillin-sensitive staphylococcus aureus (MSSA) bacteremia and the options for therapy for MRSA bacteremia. Understand when vancomycin is not adequate for MRSA bacteremia based on the MIC of the organism.