**August 20, 2019 AHD Objectives**

**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.

**Urinary Tract Infections:**

1. Define acute uncomplicated cystitis and describe its clinical presentation. Describe the treatment recommendations for acute, uncomplicated cystitis according to the 2010 IDSA guidelines including antibiotic options and duration of therapy.
2. Define acute pyelonephritis and its clinical presentation. Describe the treatment recommendations for acute pyelonephritis according to the 2010 IDSA guidelines including antibiotic options and duration of therapy.
3. Know the imaging test(s) to order in a patient that presents with sepsis from urinary source.
4. Know the most important risk factor for development of catheter-associated-urinary tract infection. Describe the evidence-based ways to decrease the incidence of CAUTI.

**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 clinical syndrome of acute HIV infection.
3. Describe the benefits to fourth-generation testing over third-generation testing and its potential downside.
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.