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Pharmacist Clinician
Specialty: Pharmacist Clinician

Progress Notes
Addendum

Date of Service: 2/6/2026 10:43 AM

Infectious Disease Pharmacist Clinician Teleconsult
Reason for consult: "ESBL bacteremia -slow clinical response on therapy"

History of Present Illness

Obtained from EMR
This is a **-year-old female with a past medical history of prediabetes, hyperlipidemia, hypertension, and urinary incontinence that presents with weakness and confusion for the past 5 days prior to admission. She came in febrile with significant leukocytosis. The admitting diagnosis was CAP and UTI; Genmark Eplex detected an ESBL producing isolate in the bloodstream. She was transitioned to meropenem and has had a slow improvement in white count. An ID PhC consult was placed to assist in antibiotics given slow clinical response.

Antimicrobial allergies: NKDA
Recent travel: none per EMR
Antimicrobial exposure history: Ceftriaxone, azithromycin and meropenem
MDRO history: none noted in EMR

Radiology:
CT scan 2/2
2. CT of the abdomen and pelvis demonstrates no evidence of cholecystitis or pancreatitis. Kidneys demonstrate no stone or obstruction. The appendix is normal. Small bowel and colon demonstrate no acute inflammatory changes. There is no free fluid, free air or fluid collection in the abdomen and pelvis. The bladder demonstrates mild wall thickening with small intraluminal air likely due to cystitis or recent instrumentation.

Assessment and Plan

ESBL-producing *E. coli* bacteremia secondary to a urinary tract infection
-concern for possible emphysematous cystitis
-CTX-M (ESBL gene) detected by Genmark

WBCs 20.6 -->14.6k
AKI – improving, estimated CrCl 70ml/min

-Provider considering repeat imaging given slow response, will monitor

Recommendation
May consider:
-Increasing meropenem to 2grams Q8H given improvement in renal function, slow clinical response, and BMI
-Potential step-down option: Levofloxacin 750mg daily when clinically appropriate based on provider judgment to complete 7 days of total therapy (end date 2/9/2025)
-If repeat imaging is obtained with any notable findings, please reconsult team

Thank you for this consultation
Submitted by: Justin Schmetterer, PhC, Infectious Disease Pharmacist