

**Session Summary for 19 December 2017**

1. Didactic: Introduction to the Micro Lab Part 3 by Dr. Rob Cybulski
   1. PCR is exquisitely sensitive and has brought us capabilities for rapid diagnosis.
   2. PCR results must be interpreted in the clinical context to help decide what is pathogen and what is colonizer or contaminant.
2. Case presentation on a MSSA endocarditis, presumed right sided.
   1. Positive blood cx with staph aureus should always be worked up and never treated as a contaminant.
   2. Repeat blood cultures should be taken daily or every other day until negative.
   3. Antibiotic course start date is the first day of negative blood cultures.
   4. Please refer to the IDSA guidelines for treatment of infective endocarditis. For right sided, uncomplicated endocarditis with MSSA you can treat with 2 weeks of antibiotics using a beta lactam that is highly active against the isolate.
   5. Pregnancy increases the volume of distribution during pregnancy. Vancomycin dosing in pregnancy is challenging due to both the increased volume of distribution and increased renal clearance. Please ask for help from your pharmacy colleagues around abx dosing in pregnancy.

**References:**

1. <http://www.idsociety.org/uploadedFiles/IDSA/Guidelines-Patient_Care/IDSA_Practice_Guidelines/Fever_and_Infections/AHA%20Infective%20Endo.pdf>