

TOPIC: A-25 INFECTIOUS DISEASES/SEPSIS

OBJECTIVE	KNOWLEDGE	SKILLS/ATTITUDES	LEARNING	ASSESSMENT
1. To be able to identify after complete history, examination and investigation those patients suffering from infectious diseases.	<p>To be able to identify those patients who present as infectious disease emergencies, e.g. malaria, meningococcal septicaemia, Weils' disease, Tuberculosis, necrotising fasciitis and HIV.</p> <p>To understand the importance of universal precautions and vaccination (Tetanus Toxoid, Hepatitis B).</p>	To recognise those patients whose presentation is due to infectious disease, initiate appropriate antibiotic and supportive therapy.	<p>LP LT GT PS ODA</p>	<p>OC MC CBD ME FFAEM MFAEM</p>
PROBLEM	KNOWLEDGE	SKILLS/ATTITUDES	LEARNING	ASSESSMENT
2. Needlestick injury.	To identify those patients who need prophylactic treatment (HIV, hepatitis B, Tetanus). To understand the departmental needle policy.	<p>Selection of appropriate investigations and treatments.</p> <p>Undertake procedures safely and ensure safe disposal of sharps.</p> <p>Recognise the importance of universal precautions.</p>	<p>LP LT GT PS</p>	<p>OC AUD ME FFAEM MFAEM</p>
3. Sepsis	<p>Definition of sepsis, severe sepsis, septic shock and systemic inflammatory response syndrome.</p> <p>Good directed therapy.</p> <p>Complications of sepsis.</p> <p>Typical sites of origin and microbiology.</p>	<p>Assess severity.</p> <p>Select appropriate investigations.</p> <p>Recognise and rapidly resuscitate sick patients with presumed meningitis, toxic shock syndrome and severe sepsis/shock.</p> <p>Indications for vaso pressors, and their initiation. To be able to select the appropriate antibiotic.</p>	<p>LP LT GT PS ODA ODB</p>	<p>OC CBD ME FFAEM MFAEM</p>

	Understand the pathophysiology of sepsis causing shock.	select the appropriate antibiotic.		
4. Immuno compromised hosts.	To be able to identify those patients who are immuno compromised and have atypical presentation of infection (e.g. the elderly, those on steroids or other immuno suppressive drugs, chemotherapy, HIV).	High index of suspicion of infection especially in the higher risk patient population. To liaise with the appropriate specialists regarding investigation and treatment	LP LT GT PS ODA	OC CBD ME FFAEM MFAEM
5. Fever from abroad.	Likely causes, especially malaria, typhoid, TB and sexually transmitted diseases.	To be able to take a travel history and check vaccination/prophylaxis especially compliance. To be able to select appropriate investigations including serial blood film for malarial parasites.	LP LT GT PS ODA	OC CBD ME FFAEM MFAEM

OBJECTIVES:

- understand the epidemiology, pathology and ‘natural history’ of common infections of the newborn and children in Britain and the public health policies associated with them
- be able to follow agreed national and local guidelines on the notification of infectious diseases

PROBLEM	KNOWLEDGE	<u>SKILLS/ATTITUDES</u>
Febrile child	understand the implication of fever without a focus in different age groups	Be able to appropriately investigate and treat children with fever without a focus in all age groups
Kawasaki disease	understand and recognise the signs of Kawasaki disease	be able to recognise and manage life-threatening complications of Kawasaki disease