

Infectious Disease Portfolio

(Name)

Welcome to the Department of Medicine Infectious Disease rotation. The objective of this rotation is to expose you to patients with, and educate you as to the clinical approach to, the most common infectious diseases. During this rotation you will keep a “portfolio” to document that you’ve seen cases and performed the background reading necessary to understand various disease processes. This portfolio will become the record of your rotation and can be added to your overall residency portfolio. Your weekly schedule is as follows:

Monday	Tuesday	Wednesday	Thursday	Friday
7-9 AM : 9-10: AM Report 10-12:	7-8:30 AM : 8:30: 9-10: AM Report 10-12:	9 AM 10-12: Inpt rounds	7-9 AM : 9-10: AM Report 10-12:	7-9 AM : 9-10: AM Report 10-12:
Noon conference	Noon conference	Noon conference	Noon conference	Noon conference

Attendance at conferences is mandatory.

Please remember that in the offices of private physicians you are representing their practice. You should arrive at the outpatient offices by 1:15 PM; try to get there 10 minutes early to assure you’re on time. You **MUST** be well dressed, shaved and with a white coat (no scrubs or scruffy appearance). Since clinicians will be expecting you, it is your responsibility to notify the office at least one week ahead if you cannot attend clinic following call. Since the call schedule is available ahead of time, you should be able to let offices know in the first couple days of the rotation, the days you cannot be there. Private clinicians will ask you to see new and follow-up patients who are instructive to the goals of this rotation.

The portfolio approach entails using a patient you see as a point of departure for further reading and documentation of your understanding of the disease, approaches to diagnosis/management and prognosis. It will be your responsibility to assure that you see at least one patient with the included problems (simply ask attendings to arrange for you to see cases that are required to complete your portfolio). Obviously the portfolio could be completed in a very superficial fashion without studying about each topic. However, your grade at the end of the rotation will reflect the rigor with which you approach the rotation (clinically) AND that with which you approach completion of the portfolio. You will note that there are prepared forms for syndrome-specific infectious diseases which we feel are the minimum for you to cover during the rotation. There are extra forms for other infectious diseases/syndromes that you encounter. At the end of the rotation, you will discuss your portfolio with your ID attending.

Systemic Inflammatory Response Syndrome

Symptoms:

Signs:

Ancillary Supportive Tests:

Definitions and Criteria for:

- Systemic Inflammatory Response Syndrome
- Sepsis Syndrome
- Septic Shock

Criteria for admission versus outpatient management:

Therapies that improve outcomes:

- 1.
- 2.
- 3.
- 4.

Mandatory Reading

Syndrome: Pneumonia

Symptoms:

Signs:

Ancillary Supportive Tests:

Theoretical foundation for separating pneumonias into those acquired in the community and those acquired in hospitals, nursing homes, dialysis units etc. _____

Criteria for admission versus outpatient management:

Mandatory Reading:

CAP: 1. Am J Respir Crit Care Med. 2001 Jun;163(7):1730-54.
2. Clin Infect Dis. 1998 Apr;26(4):811-38.

HAP: Am J Respir Crit Care Med. 1996 May;153(5):1711-25.

Triage:

Community Acquired

Patient Name: _____

Unit #: _____

Brief History: _____

Common Pathogens of CAP (in order of frequency): _____

Treatment (empiric): _____

Rationale for empiric therapy: _____

*Hospital Acquired Pneumonia Pneumonia – Including Ventilator
Associated Pneumonia (VAP)*

Patient Name: _____

Unit #: _____

Brief History: _____

Common Pathogens of HAP (in order of frequency): _____

Treatment (empiric): _____

Rationale for empiric therapy: _____

Syndrome: Empyema

Symptoms:

Signs:

Ancillary Supportive Tests:

Common Pathogens (in order of frequency): _____

Treatment (empiric): _____

Rationale for empiric therapy: _____

Mandatory Reading

Syndrome: Lung Abscess

Symptoms:

Signs:

Ancillary Supportive Tests:

Common Pathogens (in order of frequency): _____

Treatment (empiric): _____

Rationale for empiric therapy: _____

Mandatory Reading

Syndrome: Urinary Tract Infection

Simple Cystitis

Symptoms:

Signs:

Ancillary Supportive Tests:

Criteria for admission versus outpatient management:

Common Pathogens (in order of frequency): _____

Treatment (empiric): _____

Rationale for empiric therapy: _____

Mandatory Reading

Syndrome: Urinary Tract Infection

Pyelonephritis

Symptoms:

Signs:

Risks for: _____

Ancillary Supportive Tests:

Criteria for admission versus outpatient management:

Common Pathogens (in order of frequency): _____

Treatment (empiric): _____

Rationale for empiric therapy: _____

Mandatory Reading

Syndrome: Meningitis

Bacterial

Symptoms:

Signs:

Ancillary Supportive Tests:

Criteria for admission versus outpatient management:

Common Pathogens of HAP (in order of frequency): _____

Treatment (empiric): _____

Rationale for empiric therapy: _____

Mandatory Reading

Syndrome: Meningitis

Viral and Atypical

Symptoms:

Signs:

Ancillary Supportive Tests:

Criteria for admission versus outpatient management:

Common Pathogens of HAP (in order of frequency): _____

Treatment (empiric): _____

Rationale for empiric therapy: _____

Mandatory Reading

Syndrome: Skin and Soft Tissue Infections

Symptoms:

Signs:

Ancillary Supportive Tests:

Criteria for admission versus outpatient management:

Common Pathogens of HAP (in order of frequency): _____

Treatment (empiric): _____

Rationale for empiric therapy: _____

Mandatory Reading

Syndrome: Endocarditis

Acute

Symptoms:

Signs:

Ancillary Supportive Tests:

Criteria for admission versus outpatient management:

Common Pathogens of HAP (in order of frequency): _____

Treatment (empiric): _____

Rationale for empiric therapy: _____

Mandatory Reading

Syndrome: Endocarditis

Subacute

Symptoms:

Signs:

Ancillary Supportive Tests:

Criteria for admission versus outpatient management:

Common Pathogens of HAP (in order of frequency): _____

Treatment (empiric): _____

Rationale for empiric therapy: _____

Mandatory Reading

Syndrome: Bloodstream Infections

Symptoms:

Signs:

Ancillary Supportive Tests:

Criteria for admission versus outpatient management:

Common Pathogens (in order of frequency): _____

Common Site Sources (in order of frequency): _____

Treatment (empiric): _____

Rationale for empiric therapy: _____

Mandatory Reading

Other: Cholangitis

Symptoms:

Signs:

Ancillary Supportive Tests:

Criteria for admission versus outpatient management:

Common Pathogens of HAP (in order of frequency): _____

Treatment (empiric): _____

Rationale for empiric therapy: _____

Mandatory Reading

Other: _____

Symptoms:

Signs:

Ancillary Supportive Tests:

Criteria for admission versus outpatient management:

Common Pathogens (in order of frequency): _____

Treatment (empiric): _____

Rationale for empiric therapy: _____

Mandatory Reading

Other: _____

Symptoms:

Signs:

Ancillary Supportive Tests:

Criteria for admission versus outpatient management:

Common Pathogens (in order of frequency): _____

Treatment (empiric): _____

Rationale for empiric therapy: _____

Mandatory Reading

Other: _____

Symptoms:

Signs:

Ancillary Supportive Tests:

Criteria for admission versus outpatient management:

Common Pathogens (in order of frequency): _____

Treatment (empiric): _____

Rationale for empiric therapy: _____

Mandatory Reading