The Right Test

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WTH does that flag mean on those lab results?!?!...Bocchini told me to order THIS test (Why can’t he be more like that Pickering fella’?!))!! Ugh, why did I order this test....

and other musings
In a quick 30 minutes, we will...

• Consider frequent infectious diagnoses and which test(s) should be used

• How to interpret abnormal results that might not be clinically relevant

• Remind everyone how awesome ID doctors are (even if we don’t do any procedures and are typically the lowest paid subspecialty)
I have no relevant financial relationships with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in this CME activity.
Which kid are you worried about the most?

Crp=300

Crp=30
C reactive protein (CRP)

• Mind the units
  – mg/L vs mg/dL (300 vs 30)

• More acute – CRP

• Negative Predictive Value: > 95%

Erythrocyte Sedimentation Rate (ESR)

• Can be affected by other things
  – Concomitant drugs
  – Anemia

• Used for end of therapy
Because of the high prevalence of asymptomatic carriage of toxigenic C. difficile in infants, testing for CDI should never be routinely recommended for neonates or infants ≤12 months of age with diarrhea

– (strong recommendation, moderate quality of evidence)
C diff

• Clostridium difficile testing should not be routinely performed in children with diarrhea who are 1–2 years of age unless other infectious or noninfectious causes have been excluded months of age with diarrhea
  – (weak recommendation, low quality of evidence)
C diff

• In children ≥2 years of age, C. difficile testing is recommended for patients with prolonged or worsening diarrhea and risk factors (eg, underlying inflammatory bowel disease or immunocompromising conditions) or relevant exposures (eg, contact with the healthcare system or recent antibiotics)
  – (weak recommendation, moderate quality of evidence)
UTI
Pyuria

- >10 WBC/mm³
  - (or >5 WBC/hpf for centrifuged)
- + nitrite
- + leukocyte esterase
Asymptomatic bacteriuria

Urine Culture
• >50,000 cfu/ml
• Single organism
PYURIA AND CULTURE
TB or Not TB

• Younger than 5 yo → PPD

http://pediatrics.aappublications.org/content/134/6/e1763
• 5 or older → IGRA
  – T spot
  – Quantiferon Gold in-tube for TB

J Starke. Pediatrics Dec 2014; 134(6)http://pediatrics.aappublication.org/content/134/6/e1763
Cultures

• Blood
• CSF
• Joint fluid
Cultures

- Ear drainage
- Nares
- Wound
THANK YOU

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