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.. . . . -download-upd Vicki Gunvalson 'Not Ready To Play House' What is the secret to Vicki Gunvalson's new-found happiness? Will it all end with H.E.R.? Get push notifications with news, features and more. "I'm not ready to play house," the The Real Housewives of Orange County OG shared exclusively to PEOPLE on Friday. "I have to look after myself first and I really don't want to play that role. I don't think it's healthy for me to play that role." Image zoom Craig Sjodin/Bravo Vicki's happy ending might be with her new boyfriend, Jason Tartick, but she's not ready to settle down. She previously announced to PEOPLE that she's in a relationship, but she's not ready to spill any details about her new man. Vick

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[Evaluation of biofilm growth in experimental ureteral implants in rat]. Aim of this study was to evaluate the adherence capacity of a ureteral implant in rat, by means of the biofilm method. A 2 cm long ureteral segment of male rat was intubated to a ureteral orifice at the bladder dome. The ureteral segment was placed in a 1 ml syringe containing  $7.5 \times 10(8)$  CFU of E. Coli and incubated for 16 hours at 37 degrees C. At the end of incubation period, the ureteral segment was taken out of the syringe and the biofilm mass was carefully separated from the intubated ureteral segment by the same solution. The biofilm mass was evaluated by calculating the growth of the biofilm based on the OD values at 660 nm, in comparison to the standard positive control. The results obtained showed that the growth of the biofilm on the intubated ureteral segment is significantly lower in comparison to the standard positive control. The biofilm formation on the intubated ureteral segment in rat is only little, although there is a bacterial count of  $7.5 \times 10(8)$  CFU.

Prescribing patterns and 30-day mortality of antibiotic prescriptions in acute respiratory tract infections: a multicentre retrospective analysis. To evaluate the appropriateness of antibiotic prescriptions in acute respiratory tract infections (ARTIs) and to establish whether 30-day mortality is associated with an excessive use of broad-spectrum antibiotics. Retrospective observational study. University and non-university tertiary care hospitals. 927 patients admitted to hospital with an ARTI. Appropriateness of antibiotic prescriptions was assessed according to American Thoracic Society criteria. Logistic regression analysis was performed to identify risk factors for 30-day mortality. Antibiotic prescription was considered appropriate in 964 (59%) of 1,625 prescriptions. Inappropriate prescription was given in 841 (41%) of 1,625 prescriptions. Antibiotic prescription was not appropriate in 76 (9.4%) of 841 inappropriate prescriptions. No significant differences in 30-day mortality rate were observed between patients receiving appropriate antibiotic prescriptions and patients receiving appropriate antibiotic prescriptions with inappropriate duration or indication (6.6% vs 7.5%, respectively). However, for patients with tuberculosis, prescription of broad-spectrum antibiotics was associated with higher 30-day mortality rate (14.3 vs 20.4%, respectively).