

MHC STRATEGY FOR SHORTAGE OF BD BLOOD CULTURE MEDIA BOTTLES

NEW CLINICAL EVENT

Severe sepsis/septic shock or infective endocarditis/endovascular suspected

YES

NO

INITIAL BLOOD CULTURES INDICATED

Sepsis/septic shock

Syndromes with high risk of bacteremia ($\leq 50\%$):

- Infective endocarditis/endovascular infection (septic thrombophlebitis, infected cardiac/vascular devices)
- Catheter-associated bloodstream infection
- Vertebral discitis/osteomyelitis
- Epidural abscess
- Native joint septic arthritis
- Febrile neutropenia
- Meningitis

Syndromes with intermediate risk of bacteremia (10%-50%):

- Cholangitis
- Acute pyelonephritis
- Non-vascular shunt infections
- Severe pneumonia (CAP or HAP/VAP)
- Severe cellulitis/SSTI or with significant comorbidities (necrotizing soft tissue infection, severely immunocompromised, end-stage renal or liver disease)

BCX
Recommended

DO NOT ORDER INITIAL BLOOD CULTURES

Syndromes with low risk of bacteremia (<10%):

- Non-severe cellulitis/SSTI
- Lower UTI (cystitis, prostatitis)
- Non-severe community-acquired pneumonia
- Non-severe diabetic foot infection
- Aspiration pneumonitis
- Uncomplicated cholecystitis, diverticulitis, or pancreatitis
- Fever or leukocytosis explained by non-infectious causes (e.g., drug withdrawal, trauma, pulmonary embolism, etc.)

Isolated fever and/or leukocytosis Postoperative fever within 48 hours of surgery

- Surveillance blood cultures in patients without suspicion for bacteremia (e.g, prior to TPN initiation/central line placement/procedures)

BCX
NOT Recommended

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REPEAT BLOOD CULTURES

Repeat Culture
in 48 hours

YES

NO

REPEAT BLOOD CULTURES INDICATED NO MORE THAN ONCE EVERY 48 HOURS

- All bacteremia/fungemia cases + for:
 - S. aureus
 - S. lugdunensis
 - Candida spp.
- All cases with suspected endovascular infection
 - Infective endocarditis
 - Septic thrombophlebitis
 - Implantable cardioverter defibrillator (ICD)/pacemaker lead infections
 - LVAD line infections
 - Vascular graft infections
- Select cases in patients at risk of endovascular infection, particularly with gram positive bacteremia
 - ICD/pacemaker
 - Vascular graft
 - Prosthetic valves
 - History of infective endocarditis
 - Valvulopathy in heart transplant recipient
- Infected prosthetic device that is retained (catheter or another prosthetic)
- Concern for persistent bacteremia due to lack of clinical improvement after 48 hours of effective therapy

DO NOT ORDER REPEAT BLOOD CULTURES

- Do not repeat cultures in clinically improving patients with uncomplicated gram-negative bacteremia from pyelonephritis or gastrointestinal sources unless indicated
- Single positive blood culture with skin flora
 - (i.e., coagulase-negative Staphylococci,
 - Cutibacterium acnes, Micrococcus,
 - viridans group Streptococci, Corynebacterium spp,
 - Aerococcus spp. Bacillus spp)
- Syndromes which do not need follow up blood cultures if clinically improving:
 - S. pneumoniae bacteremia from pulmonary source
 - Gram negative bacteremia from a GU or GI source

BCX
Recommended Within 48 Hours

Repeat BCX
NOT Recommended