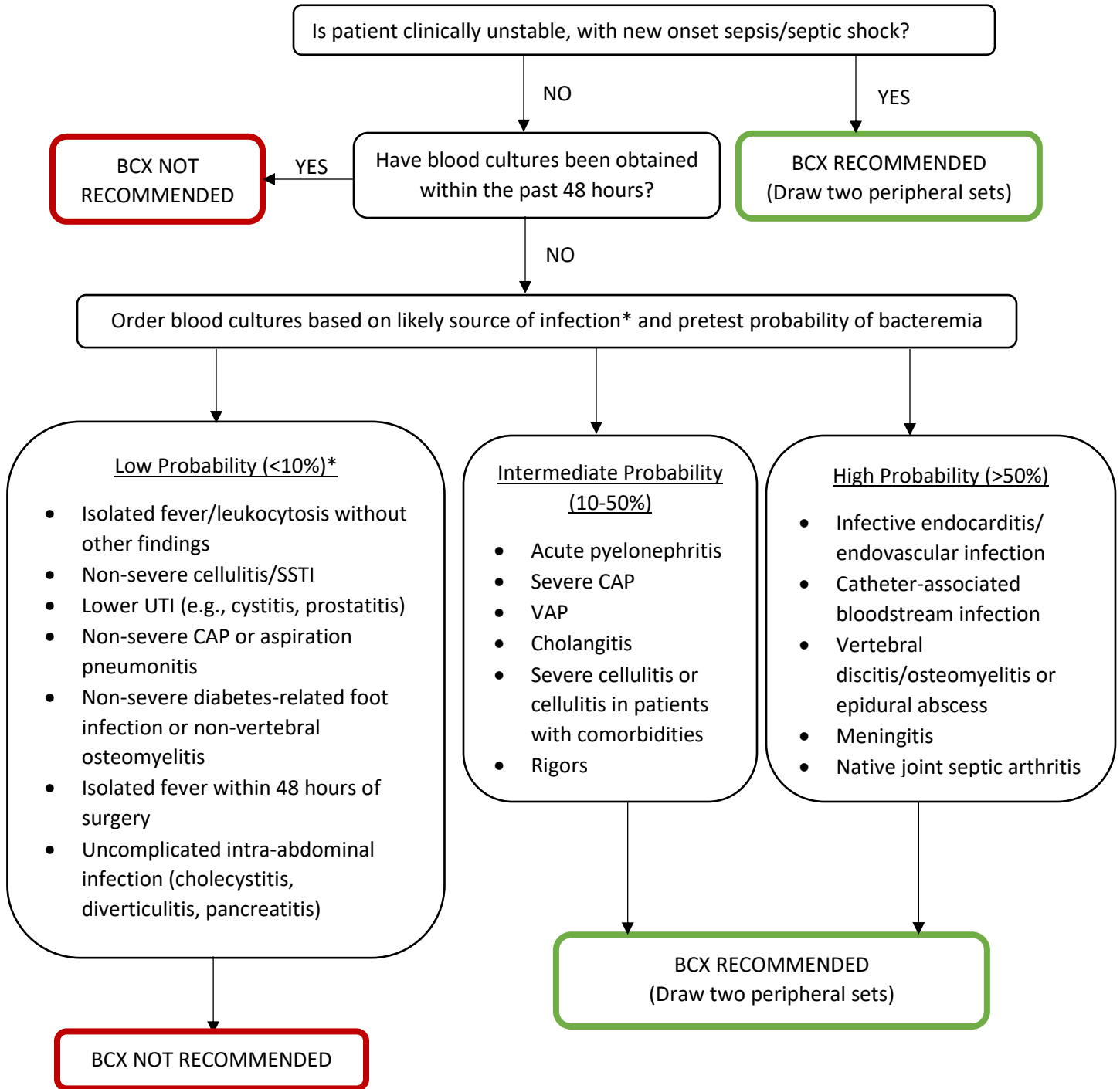


Dartmouth Health Guidance on Blood Culture (BCX) Ordering for Adults

Initial Blood Cultures



*Please remember that site-specific cultures (e.g., urine, sputum, wound) are important adjuncts and should be ordered as able to assist with microbiologic diagnosis of infection

Follow-Up Blood Cultures

- Many patients with documented bloodstream infection do not need follow-up blood cultures
- When follow-up blood cultures are clinically indicated, they should generally be performed no more frequently than every 48 hours
 - An exception may be when an initial positive blood culture is felt to be a contaminant and a confirmation culture needs to be obtained to change management
- While two sets increase sensitivity for detection of bacteremia, in times of shortage, one set of follow-up blood cultures should suffice in most circumstances

Follow-Up BCX <u>NOT</u> Indicated	Follow-Up BCX Indicated
<p>Single positive blood culture with skin flora (i.e., coagulase-negative <i>Staphylococcus</i>, <i>C. acnes</i>, <i>Micrococcus</i>, viridans group <i>Streptococcus</i>, <i>Corynebacterium</i> spp., <i>Bacillus</i> spp.), if no other signs/symptoms of infection</p> <p>If clinically improving with adequate source control, follow-up blood cultures are not needed for:</p> <ul style="list-style-type: none"> • Gram-negative bacteremia from urinary or intra-abdominal source • Enterococcal bacteremia from urinary or biliary source • <i>Streptococcus pneumoniae</i> bacteremia from pulmonary source <p><u>Note:</u> Streptococci other than <i>S. pneumoniae</i> or beta-hemolytic streptococci (i.e., <i>S. pyogenes</i>) are potential pathogens implicated in infective endocarditis. Assess patient risk factors for endovascular infection and clinical presentation to determine significance of positive blood culture and need for follow-up blood cultures.</p>	<p>All cases of bacteremia/fungemia related to:</p> <ul style="list-style-type: none"> • <i>Staphylococcus aureus</i> • <i>Staphylococcus lugdunensis</i> • <i>Candida</i> spp. <p>All suspected endovascular infection:</p> <ul style="list-style-type: none"> • Infective endocarditis • Septic thrombophlebitis • ICD/pacemaker lead infection • Vascular graft infection <p>Select patients at risk of endovascular infection, particularly in the setting of Gram-positive bacteremia:</p> <ul style="list-style-type: none"> • Prosthetic heart valve • ICD/pacemaker • History of infective endocarditis • Vascular graft <p>Infected prosthetic device that is retained (e.g., central venous catheter)</p> <p>Concern for persistent bacteremia due to lack of clinical improvement despite receipt of >48 hours of effective antimicrobial therapy</p>