INDICATIONS FOR FOLLOW UP BLOOD CULTURES (BCx) IN ADULTS*

Patient with documented bacteremia and BCx being considered

to document clearance of bacteremia

Most patients do NOT need follow-up BCx, but the following are situations in which it would be recommended

Is the follow-up BCx to document clearance of bacteremia for any of the following?

- S. aureus, S. lugdunensis bacteremia
- Candida fungemia
- Bacteremia in a patient with confirmed or suspected endovascular infection[‡]
- Catheter-related bloodstream infection when attempting catheter retention



*Excludes severely immunosuppressed patients (neutropenia, hematopoietic stem cell transplant, solid organ transplant)





Figure Footnote

Algorithm of indications for follow-up blood cultures for non-severely immunocompromised patients. The algorithm is not a substitute for clinical judgment.

‡ Confirmed or suspected endovascular infection includes:

- Clinical evidence for endovascular infection such as septic thrombophlebitis, infected endovascular thrombi, implantable cardioverter defibrillator (ICD)/pacemaker lead infections, and vascular graft infections
- High-risk patient for endovascular infection including ICD/pacemaker, vascular graft, prosthetic valves and prosthetic material used for cardiac valve repair, history of infective endocarditis, valvulopathy in heart transplant recipient, unrepaired congenital heart disease, repaired congenital heart disease with residual shunt or valvular regurgitation, or within the first 6 months post-repair.
- £ Prosthesis: Orthopedic or intravascular prosthesis.

Abbreviations: BCx, blood culture; S. aureus, Staphylococcus aureus; S. lugdunensis, Staphylococcus lugdunensis.



