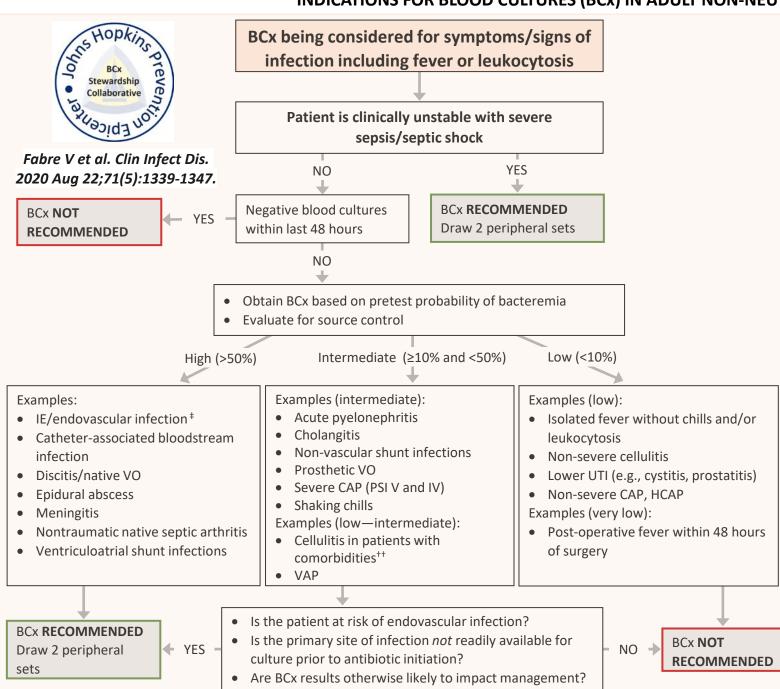
## INDICATIONS FOR BLOOD CULTURES (BCx) IN ADULT NON-NEUTROPENIC PATIENTS BCx being considered to document clearance of



## bacteremia Is the follow-up BCx to document clearance of bacteremia for any of the following? • S. aureus, S. lugdunensis, Enterococcus† bacteremia • Candida fungemia • Bacteremia in a patient with suspected endovascular infection<sup>‡</sup> **OR** patient at risk for endovascular infection | | • Catheter-related bloodstream infection before catheter replacement YES NO Concern for Viridans group BCx persistent Streptococcus: bacteremia (lack **RECOMMENDED** Careful of source control, Draw 2 evaluation of lack of clinical peripheral sets clinical within 48 hours improvement, scenario and ineffective of initial BCx risk factors for therapy) for IE • Single positive BCx with skin flora in symptomatic patients including those with prosthesis<sup>£</sup> or intravascular catheter\*\* YES NO BCx **NOT BCx RECOMMENDED RECOMMENDED** Draw 2 peripheral sets

## **Figure Footnote**

Algorithm of indications for bacterial blood cultures for non-neutropenic patients. The algorithm is not a substitute for clinical judgment.

- \* Blood culture (BCx) required by US Centers for Medicare and Medicaid Services severe sepsis criteria of the Severe Sepsis and Septic Shock Early Management Bundle.
- † A single set of BCx for Enterococcus in patients without valvular heart disease and no urinary retention/obstruction that would predispose patients to bacteremia may not need repeat BCx.
- ‡ Endovascular infection: Septic thrombophlebitis, infected endovascular thrombi, implantable cardioverter defibrillator (ICD)/pacemaker lead infections, intravascular catheter infections, and vascular graft infections.
- || Patients at risk of endovascular infection: 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 with residual shunt or valvular regurgitation, or within the first 6 months post-repair.
- £ Prosthesis: Orthopedic or intravascular prosthesis.
- \*\* Routine additional follow-up BCx for a single BCx with skin flora (eg, coagulase-negative staphylococci) in an immunocompetent patient are not necessary unless bacteremia is suspected or a prosthesis is present.
- †† Cellulitis in patients with comorbidities: Immunocompromised hosts or those at risk of poor outcomes from sequelae from missed *Staphylococcus aureus* bacteremia.

**Abbreviations:** BCx, blood culture; CAP, community-acquired pneumonia; HCAP, healthcare-associated pneumonia; PSI, Pneumonia Severity Index; *S. aureus, Staphylococcus aureus*; *S. lugdunensis*, *Staphylococcus lugdunensis*; UTI, urinary tract infection; VAP, ventilator-associated pneumonia; VO, vertebral osteomyelitis.

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