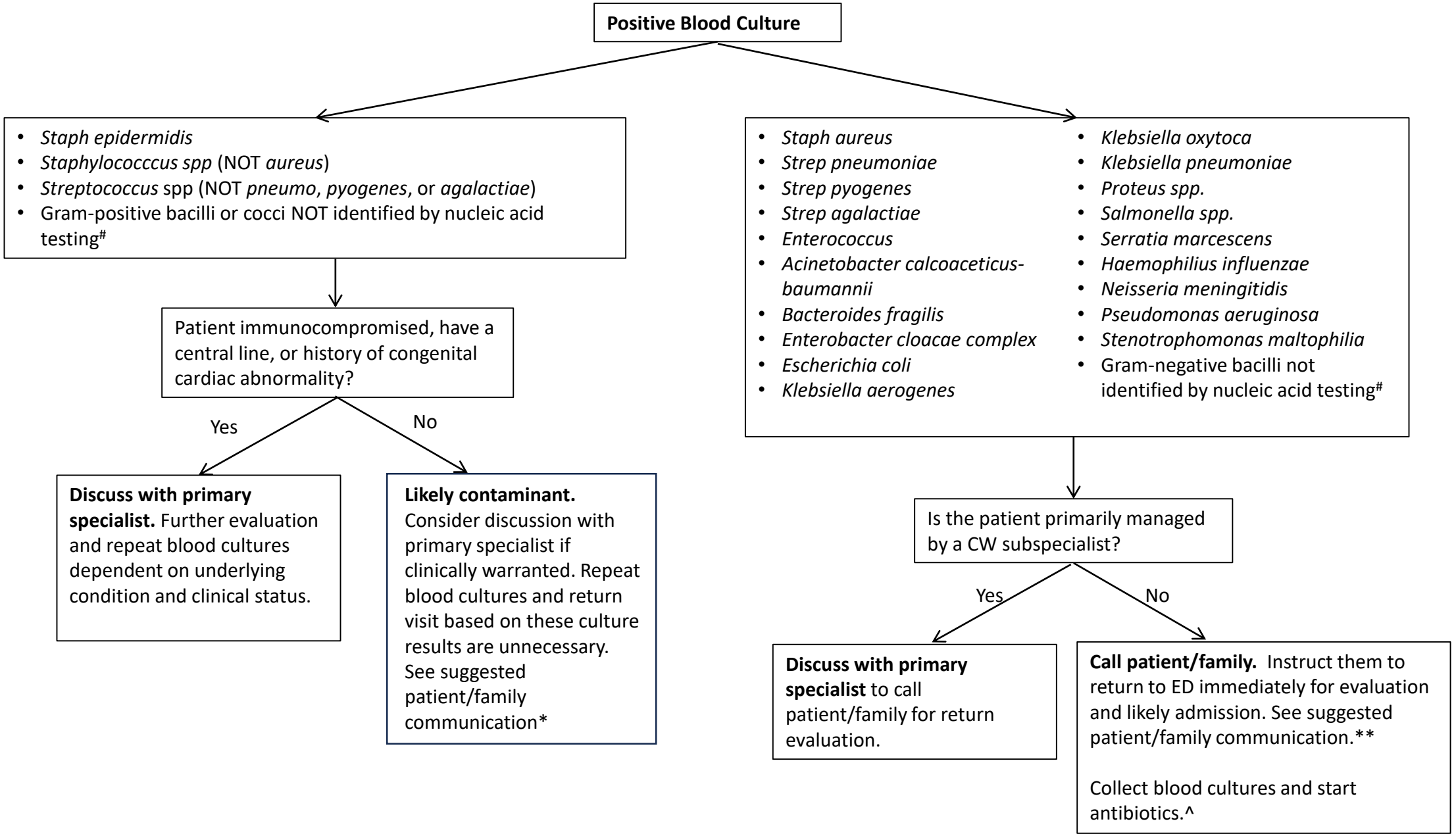
Blood culture callback guidance for the Emergency Department

Applies to all ages including <60-day neonates



Appendix

#Nucleic acid testing (BCID2) is done at the same time as the gram stain and detects an organism >90% of the time. The other <10% of the time there won't be an immediate identification by BCID2 but the vast majority of non-detections will fall into one of these two categories. While awaiting speciation, you can follow the advice in these boxes based on the Gram stain. If there is something that does not fit into one of these two boxes, you may always reach out to the Antibiotic Stewardship Team on call via Voalte.

*"Your blood culture was positive for a bacteria that is usually a contaminant. What that means is that it is a bacteria that often lives on the skin in healthy people. Sometimes when drawing blood, that bacteria that normally lives on the skin can get into the blood culture bottle but doesn't usually cause illness. Our infectious disease doctors have advised us that unless your child is continuing to feel very ill that he/she doesn't need repeat blood cultures."

** "Your blood culture was positive for a bacteria that can cause illness. We recommend returning to the emergency department quickly for re-evaluation, additional bloodwork, and likely staying overnight in the hospital if your doctor feels it is needed."

^If need for antibiotics and/or admission is still in question, please call infectious disease or contact "antimicrobial stewardship team" on voalte for further guidance.

CLINICAL PRACTICE GUIDELINES MEDICAL DISCLAIMER STATEMENT:
This CPG is designed to provide a framework for evaluation of positive blood culture results. It is not intended to establish a protocol for all patients, nor is it intended to replace a clinician's judgement. Adherence to this CPG is voluntary. Decisions to adopt recommendations from this CPG must be made by the clinician in light of available resources and the individual circumstances of the patient.

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