Positive Blood Culture Review

Pt Name: MR #: DOE Birth weight: Final Dx:] CABSI] BSI	3: GAwk EGA at dx:wk [] NEC [] VAP [] Contaminant [] Other:
Clinical Findings at Time Blood Culture Drawn and	d Blood Culture Collection Data
Risk Factors: [] Immunocompromised [] Compromised skin integrity [] Open body cavity [] Ostomy present [] Surgical site infection receiving Rx [] Other risk factors: (state)	 NCPAP/Nasal cannula Feeding tube Enteral nutrition volume/parenteral volume ratio: (approximate) Vascular Catheter Major surgery within past week [] or any other time Specify type of surgery:
Catheter Information: Only relevant if line(s) pre	sent within the 48 hr prior to first blood culture
 None PIV# days (if multiple site, note only long Estimate # IV start attempts in the last week: UAC# days UVC# days PICC# days Site:	 [Y/N] Abnormal CL site appearance on day culture drawn [Y/N] Line-related phlebitis [Y/N] Compromised dressing [Y/N] Vomiting onto line dressing [Y/N] Stool/Urine onto line dressing [Y/N] Antibacterial patch in use [Y/N] Line repaired/exchanged in past 48 hours [Y/N] Line leaking events
Site: Total estimate # times all lines accessed/da (include for meds/blood draws/tubing changes) Last date dressing changed://	 [] Care by temporary staff [] Care by non-NICU staff [] Staffing difficulties [] Improper line set-up [] Tubing/infusate NOT changed appropriately (method/time) [] Any other unusual event: (specify)
Infusates in Past 48 hours : [] TPN [] Lipids [] Blood products
Comments and Lessons Learned:	BSI (Not a CA-BSI) after further review (e.g., meets another CDC definition and there is another clear source identified)
	NEC] VAP] Other: CA-BSI (have data to determine that BSI fulfills CA-BSI criteria, i.e. BSI very likely related to CVL) See page 2 for definition detail
	[] Contaminant
	Adjudication Process:
	BSI Event was clearly able to be attributed/categorized into CDC definition
	BSI Event required significant inferences/judgment to be attributed/categorized
	Action Plan: (Plese relate to Fishbones, if applicable):

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Patient Name: _____ MR #: _____ Cultures/Gram Stains

Date	Time	Source	Site of blood culture (if applicable)	Blood Volume (optional))	Date & Time Reported Positive	Organism	Comments #1 of

Laboratory Data

Date	Time	WBC	Segs/Bands	Plts		CRP		
Other Tests								
Diagnostic Criteria				Notes				
1.Requires 2 blood cultures drawn from separate sites, following				- Recognized pathogens are those not named as common skin				
skin disinfection with PI or CHG, within 48 hrs of each other.			contaminants.					
2. The diagnosis of a laboratory confirmed (LC) catheter-associated			- *Common skin contaminants: dipritneroids, Bacilius species,					
BSI (CABSI) can only be made in the absence of another clinically			Propioni-bacterium species, coaguiase-negative staphylococci					
appreciated infectious focus, the presence of one of more positive			Micrococci					
blood cultures, and one of the following three ciliena being met.			The collaborative recommends that axillary temperatures should					
Criteria 1) at least one blood culture growing a recognized			be considered a screening method; axillary temperatures < 36.0					
pathogen ¹ ; or			°C (< 96.8 °F) should be tentatively labeled as "hypothermia"					
Criteria 2) at least two blood cultures growing a recognized			and axillary temperatures > 38.0 °C (> 100.4 °F) should be					
contaminant* and			tentatively labeled as fever. Because of the variability in axillary					
the presence of one (or more) clinical signs of generalized				temperature readings, the presence of an elevated or hypothermic				
Infection (either Fever > 38 °C ² or Hypotension; or				temperature will only be termed confirmed if there have been at				
Criteria 3) Age < Tyr AND one of the following: Fever, $H_{voothermin}^{2}$ (<37 °C rectal) appeal or bradycardia			abnormal axillary and one abnormal rectal (or other core)					
Hypothermia (<37 °C rectal), aphea, or bradycardia.					measurement.			