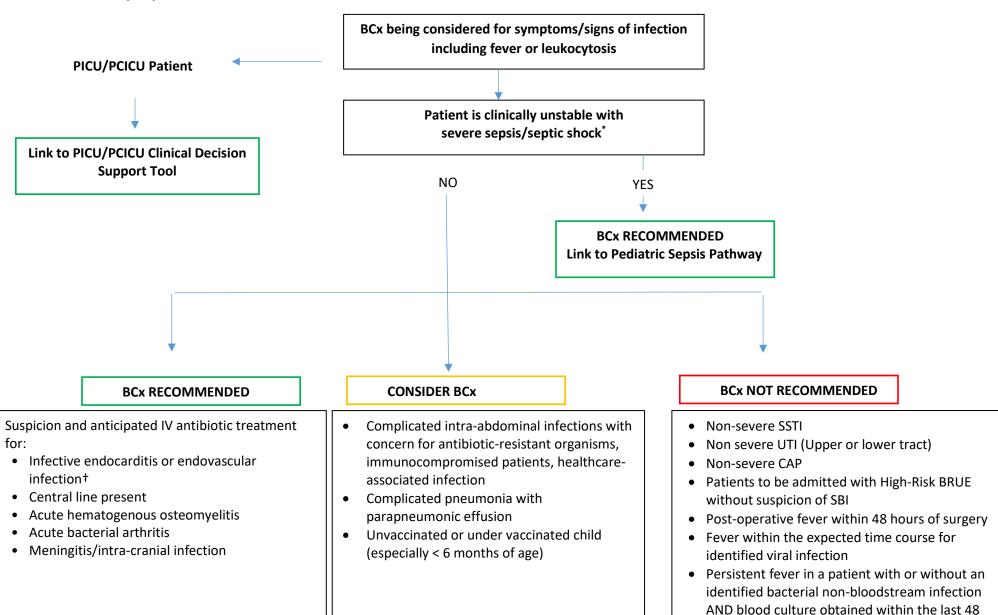
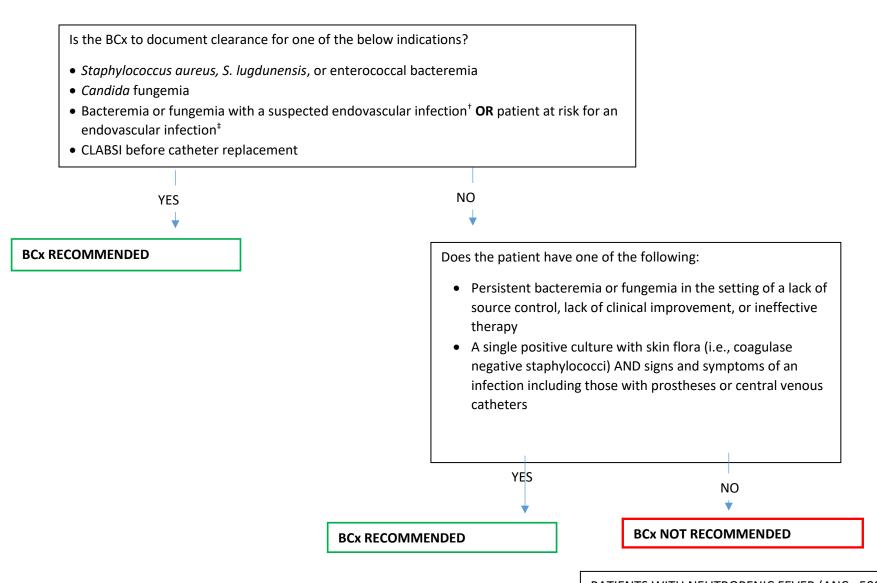
BLOOD CULTURE (BCx) RECOMMENDATIONS FOR NON-NEUTROPENIC PEDIATRIC PATIENTS ≤ 18 YEARS OF AGE AND > 60 DAYS OF AGE



hours which is negative to dateIdentified non-infectious source of fever

(dysautonomia)

BLOOD CULTURES (BCx) TO DOCUMENT CLEARANCE OF BACTEREMIA OR CANDIDEMIA



PATIENTS WITH NEUTROPENIC FEVER (ANC <500)
Blood cultures are **not recommended** after 72 hours
of persistent febrile neutropenia except in the setting
of new hemodynamic instability, prior positive blood
cultures, or as recommended by the infectious
diseases consult service

Footnotes:

Pediatric patients are ≤18 years of age unless followed by a pediatric subspecialty service (Hematology/oncology, Complex Care)

The above algorithms are not a substitute for clinical judgment.

† Endovascular infection: Septic thrombophlebitis, infected endovascular thrombi, implantable cardioverter defibrillator (ICD)/pacemaker lead infections, intravascular catheter infections, VAD, and vascular graft infections.

‡Patients at risk of endovascular infection: ICD/pacemaker, VAD, 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.

• **Abbreviations:** BCx, blood culture; CAP, community-acquired pneumonia; CLABSI – central line associated bloodstream infection; HAP, healthcare-associated pneumonia; UTI, urinary tract infection; VAD, ventricular assist device; VAP, ventilator- associated pneumonia; SBI- Serious Bacterial Infection; BRUE- Brief resolved unexplained event

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