



June 2024

Due to a nationwide shortage of materials necessary to produce blood culture bottles, the manufacturer of the blood culture bottles used throughout Methodist Health System has announced that they will be reducing allocations by 50% during the month of July. In an effort to prepare for the possibility of supply constraints in the coming months, we are asking that providers consider prioritization of blood cultures for patients most likely to be at high risk for bacteremia. Repeat cultures to document clearance of bacteremia should only be performed in selected clinical scenarios. See below clinical support algorithm for guidance.

Blood Culture Recommendations

Low Risk Conditions (NOT Recommended in most circumstances)**	High Risk Conditions (Recommended)
Isolated fever and/or leukocytosis	Endocarditis
Non-severe cellulitis	Severe sepsis/septic shock
Lower UTI (e.g. cystitis, prostatitis)	Neutropenic fever
Non-severe CAP, HCAP	Fever in the presence of a central venous catheter
Postoperative fever within 48 hours of surgery	Isolated fever without source in any infant (< 28 days of age)
Repeat Blood Cultures	

Documenting clearance:

- *S. aureus* and *S. lugdunensis* BSI. (Perform every other day)
- Catheter-related bacteremia prior to replacing catheter

DO NOT repeat blood cultures until at least 24 hours of antimicrobial therapy have been given.

** Clinical judgement may supersede these circumstances.

References:

- 1) BD life sciences, communication dated June 11, 2024
- 2) Valeria Fabre, Sima L Sharara, Alejandra B Salinas, Karen C Carroll, Sanjay Desai, Sara E Cosgrove, Does This Patient Need Blood Cultures? A Scoping Review of Indications for Blood Cultures in Adult Nonneutropenic Inpatients, *Clinical Infectious Diseases*, Volume 71, Issue 5, 1 September 2020, Pages 1339–1347, <https://doi.org/10.1093/cid/ciaa039>
- 3) CLSI. Principles and Procedures for Blood Cultures, 2nd ed. M47-A2. 2023

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