

# Blood Culture Ticket to Test Form



## Blood Culture Ticket to Test

NOT PART OF THE PERMANENT MEDICAL RECORD

Patient Label

When to use this checklist: Every blood culture collected from a patient 1) with a central line (PICC, Dialysis Catheter, Port) in place at the time of collection or 2) who had a central line in place yesterday or today.

This ticket to test is **not** required for procedural areas, ED, onc units, during Rapid Responses or Sepsis Alerts

### Instructions:

1) Fill out form **BEFORE** collecting the blood culture

2) Submit form following facility guidelines with front and back portions completed.

1 Indication – Select at least 1 indication. For pediatric parameters, see baseline data, PAL, provider's order		ANSWER OR CHOOSE		CRITICAL THINKING
Select at least one: <input type="checkbox"/> Fever >100.4 F or >38.0 C (Consider accuracy of temperature technique and repeat if indicated.) <input type="checkbox"/> Neutropenic fever <input type="checkbox"/> Elevated WBCs (>10k)		Yes	No	<input type="checkbox"/> Hypotension (<90/60 or significant decrease from baseline) <input type="checkbox"/> Tachycardia (>100 bpm or significant increase from baseline) <input type="checkbox"/> Bradycardia (<60 bpm or significant decrease from baseline) <input type="checkbox"/> Other (document): _____ Avoid use of "Physician Order" as clinical indication.
2 Has the patient had a blood culture collected within the last 48 hours?		Yes	No	If yes, <b>STOP</b> . Contact practitioner to discuss goals of care. <b>DOCUMENT</b> the discussion was completed in the patient's medical record. Collection for clearance, see #5 below.
3 Is patient end of life/comfort/palliative care or transitioning?		Yes	No	If yes, <b>STOP</b> . Contact practitioner to discuss goals of care. <b>DOCUMENT</b> the discussion was completed in the patient's medical record.
4 Has a possible primary source of infection been identified?		Yes	No	If yes, <b>STOP</b> . Contact practitioner to discuss obtaining appropriate orders: • Wound culture - for open/drainage wounds • Chest x-ray - if evidence of pneumonia • CT scan of abdomen - for any abdominal process • X-ray of joints - for suspected infection
Primary source testing recommended to occur simultaneously with blood culture if not prior to blood culture.		If yes, select at least one: <input type="checkbox"/> Open/Draining wounds (decubiti, burns, trach sites) <input type="checkbox"/> Evidence of pneumonia <input type="checkbox"/> Abdominal process <input type="checkbox"/> Joint infection		
5 Blood cultures collected to assess for clearance?		Yes	No	If yes, <b>STOP</b> . Auto approved repeat culture indications are listed below: • Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) / Methicillin-sensitive <i>Staphylococcus aureus</i> (MSSA) • Multidrug-resistant gram negative bacilli • Candida • Carbapenem-resistant <i>Enterobacteriales</i> (CRE) • Patients with endocarditis or osteomyelitis If indication is NOT listed verify clearance culture need with physician. If physician wants to move forward with culturing, see #6 below.
6 If criteria not met but MD still wants to test, write provider name:				If criteria not met, escalate to CNC/Director/Manager to further discuss with the Provider prior to specimen submission to lab. Contact your Infection Prevention Department if you have any questions while using this algorithm.



Follow the next steps →

PRINT RN Leader: \_\_\_\_\_ Signature: \_\_\_\_\_ 3/4 ID: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

This form is Patient Safety Work Product ("PSWP") and, as such, is privileged, confidential, and protected from disclosure pursuant to the Patient Safety and Quality Improvement Act of 2005, 42 U.S.C. § 299b-21, et seq. (the "PSQIA") and its attendant regulations

**FOR:** This form is to be utilized for every patients with a central line at the time of collection or who had one in place yesterday.

**NOT FOR:** Procedural areas, ED onc UNITS, Rapid Responses or Sepsis Alerts

**FORM TO BE COMPLETED BY RN PRIOR TO SPECIMEN COLLECTION**

**WHY:** Primary source testing can help identify other sources of infection and "Rule Out" potential sources of CLABSI's when performing surveillance.

If any answer choice is circled YES, criteria have NOT been met = Ticket to Test Endorsement is NOT MET.

**COACHING CHECKLIST:** Utilize the "Blood Culture Collection Coach Checklist" for collection instructions.

**NURSE AND PHLEBOTOMIST** are to sign the specimen collection attestation at the time the specimen is collected.

Nurse Leader (CN, NM, ND, or House Supervisor) validation and sign off required.



## BLOOD CULTURE COLLECTION COACH CHECKLIST

### Coach (Nurse): Prior to Lab arrival, and during collection:

- Ticket to test **MUST** be filled out before blood culture collection is performed.
- If patient's collection site is visibly soiled, use bath wipes to cleanse the blood culture collection site **prior** to blood culture collection.
- Monitor and verify that all steps listed below are performed in order. Provide coaching or assistance if steps are not followed.

Collection Coach (RN) : \_\_\_\_\_ Signature: \_\_\_\_\_ 3/4 ID: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

### Collector (Phlebotomy/Nurse):

- Follow all instructions as listed below
- Gather supplies (Aerobic and Anaerobic or pediatric bottles, 21g/23g or butterfly needle, 20cc syringe or blood culture vacutainer hub, antiseptic product (below) gauze, alcohol pads and bandage)

	Product	Antiseptic product based on availability	Scrub Time	Dry Time
1	Prevantics swab (purple)		15 seconds	30 seconds
2	Prevantics swab (green)		30 seconds	30 seconds
3	Chloraprep		30 seconds	30 seconds
4	Betadine	Clean center to outer in concentric circles		2 minutes then wipe with alcohol swab to remove iodine
5	Alcohol swab		15 seconds	15 seconds

- Wash/sanitize hands immediately prior to procedure and don gloves
- Perform patient identification prior to the start of the procedure and compare patient requisition to patient armband using two patient identifiers (patient band, verbal name/DOB)
- Prepare blood culture bottles; remove the plastic cap, and scrub the rubber bottle puncture site, and allow the site to dry. Optional: Place a new alcohol pad on the scrubbed site to keep the top clean.
- Select venipuncture site
- Cleanse the venipuncture site with available antiseptic product and allow to air dry according to manufacturer instructions
- Once site is cleansed do not palpate area, if you must touch the site after cleansing procedure must be re-started
- Draw required amount of blood into the blood culture bottles using a blood collection adapter/ or syringe/needle, and inject blood from syringe into bottle
- Attach aerobic bottle first with 8-10 mL of blood. Once filled, remove bottle gently and invert 8-10 times. Repeat with anaerobic or fungal bottle.
- Discontinue the venipuncture site appropriately and bandage as necessary
- Discard needle in a rigid biohazard sharps container

### Labeling:

- If you are drawing several sets at one time you must print each Mobilab label at a different time to avoid confusion of which set was first, second, etc.
- Place your Mobilab label vertically on the bottle so that it does not obscure bottle bar codes, needed for instrument loading.

### Volume:

- Adult Aerobic and Anaerobic bottles require 8-10ml of blood per bottle
  - Pediatric bottles should not be used on an adult patient, unless absolutely necessary
  - If only 8-10ml are drawn, the entire amount should be injected into the Aerobic bottle
- Pediatric bottles require 1-4ml of blood
  - Infants having a high hematocrit level allow effective yields therefore, 1ml is acceptable
  - Toddlers into young teenagers need the full 4ml to be effective

Collector: \_\_\_\_\_ Signature: \_\_\_\_\_ 3/4 ID: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

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