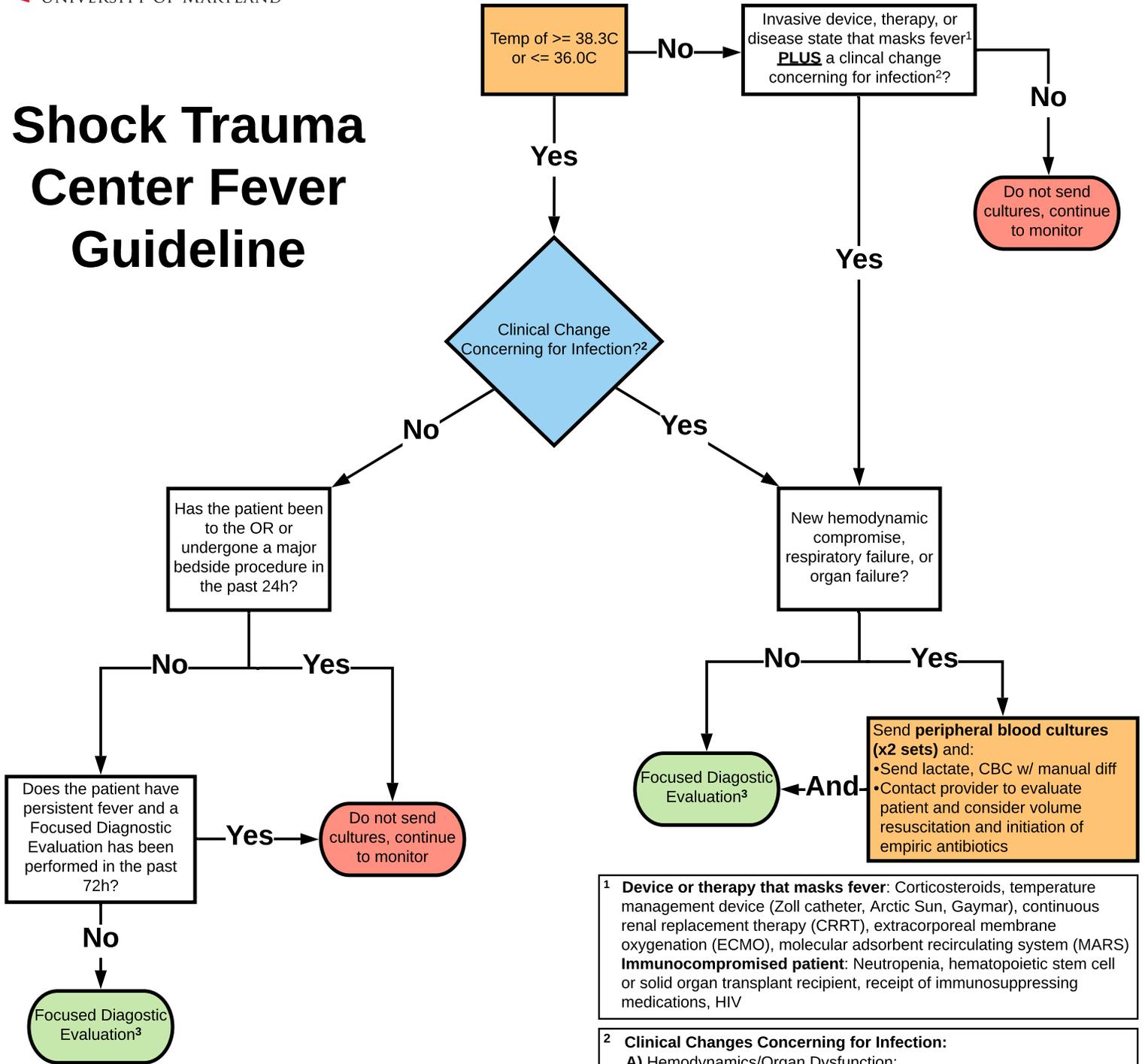




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INFECTION EVALUATION

Shock Trauma Center Fever Guideline



Do not "fever pack" at fixed intervals. Cultures of the same specimen type should not be repeated within 72 hours in the absence of clinical change, unless looking for clearance of bacteremia.

¹ **Device or therapy that masks fever:** Corticosteroids, temperature management device (Zoll catheter, Arctic Sun, Gaymar), continuous renal replacement therapy (CRRT), extracorporeal membrane oxygenation (ECMO), molecular adsorbent recirculating system (MARS) **Immunocompromised patient:** Neutropenia, hematopoietic stem cell or solid organ transplant recipient, receipt of immunosuppressing medications, HIV

² **Clinical Changes Concerning for Infection:**
A) Hemodynamics/Organ Dysfunction:
 1. New hypotension or increase in vasopressor requirement
 2. New tachycardia
 3. Worsening mental status from baseline
 4. Respiratory failure requiring intubation or increase in supportive ventilatory requirements
B) Symptoms/Physical Exam Findings
 1. Change in secretion quality
 2. Dysuria/bladder spasms
 3. Phlebitis
 4. Wound cellulitis or purulent drainage
 5. Episode of rigors
C) Laboratory Findings:
 1. New leukocytosis (>12,000)
 2. Worsening of existing leukocytosis (50% increase in WBC over 24h)
 3. New leukopenia (<4,000)
 3. Bandemia >10%
D) Clear evidence of new infection and antibiotics are being initiated

This algorithm is meant to serve as a guide and does not encompass all clinical scenarios. Consider Infectious Disease consultation and refer to ID recommendations in complex clinical situations.

3 FOCUSED DIAGNOSTIC EVALUATION

Site of Infection	Signs and Symptoms	Nursing Orders	Decisions for Provider
Bloodstream	New diagnosis of serious infection Inflammation or drainage at CVC site Signs of phlebitis New hemodynamic compromise or organ failure (per algorithm) Rigors Neutropenia/ Mucositis	<ul style="list-style-type: none"> Peripheral blood cultures x2 sets 	<p>Contact provider to consider:</p> <ul style="list-style-type: none"> Removal of CVC if clear evidence of catheter associated infection (purulence, erythema, etc).
Intra Abdominal	Peritoneal signs (rebound tenderness, guarding, rigidity) Ileus New onset diarrhea (≥3 BMS/24 hours) not otherwise explained	<ul style="list-style-type: none"> Urinalysis with reflex urine culture <p>NOTE: Urinalysis should not be sent for a change in smell or color of urine, or if there is high suspicion for an alternative source of fever</p>	<p>Contact provider to consider:</p> <ul style="list-style-type: none"> Abdominal imaging. Decision made in conjunction with primary surgical team. Clostridium difficile DNA Assay with reflex to C. difficile Toxin A and B testing if indicated
Genitourinary	Dysuria/Suprapubic pain Costovertebral angle tenderness New urinary obstruction Recent GU instrumentation (including catheterization) Persistent fever with no source or localizing symptoms	<ul style="list-style-type: none"> Sputum culture with Gram stain 	<p>Contact provider to consider:</p> <ul style="list-style-type: none"> Chest imaging Viral Respiratory Panel PCR testing for patients within 72h of admission, if seasonally appropriate
Respiratory	Hypoxia or increase in supportive ventilatory requirements Change in secretion quality/quantity Infiltrates on chest imaging	<ul style="list-style-type: none"> Sputum culture with Gram stain 	<p>Contact provider to consider:</p> <ul style="list-style-type: none"> Cerebrospinal fluid culture with Gram stain and additional appropriate CSF studies, if at risk for nosocomial meningitis. Decision made in conjunction with neurosurgery if EVD in place or neurosurgical procedure this admission
Central Nervous System	Neurologic exam changes Seizures Presence of external ventricular drain or recent neurosurgery		<p>Contact provider to consider:</p> <ul style="list-style-type: none"> Wound, tissue, or body fluid culture with appropriate fluid studies. Decision made in conjunction with primary/ consulting surgical team <p>NOTE: Cultures should be sent only from deep tissue, joint space, or surgical specimens to limit contamination.</p>
Soft Tissue/Bone and Joint	Purulent drainage Erythema Malodor Dehiscence Arthritis		<p>Contact provider to consider:</p> <ul style="list-style-type: none"> Wound, tissue, or body fluid culture with appropriate fluid studies. Decision made in conjunction with primary/ consulting surgical team <p>NOTE: Cultures should be sent only from deep tissue, joint space, or surgical specimens to limit contamination.</p>