

Should I Collect a Respiratory Specimen for Bacterial Culture? Algorithm for Adult Intensive Care Unit Patients



Developed by The Johns Hopkins Hospital Department of Antimicrobial Stewardship



START
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Does the patient have at least 2 of the 4 following signs and symptoms?

- New oxygen requirement despite suctioning
- Purulent respiratory secretions
- New infiltrate on chest X-ray (atelectasis and edema are not considered infiltrates)
- Fever/hypothermia (not induced) OR increased peripheral white count (leukocytosis)

YES

NO

Did the patient have a respiratory specimen collected for bacterial culture within the last 72 hours that was sent to work up respiratory symptoms?

Do not collect a respiratory specimen for bacterial culture as pneumonia is unlikely, communicate with ordering provider

Consider other reasons for the patient's signs and symptoms

YES

NO

Do not collect a respiratory specimen for bacterial culture, communicate with ordering provider

Collect respiratory specimen for bacterial culture

Do not collect a respiratory specimen for bacterial culture for:

- Assessment of treatment response
- Isolated fever or leukocytosis in patients not meeting above criteria
- Isolated increased secretions
- Change in color of respiratory secretions