## University of Colorado Anschutz Medical Campus

# Rethinking the 48-Hour Rule-Out: Time to Positivity in Blood Cultures at a Pediatric Hospital

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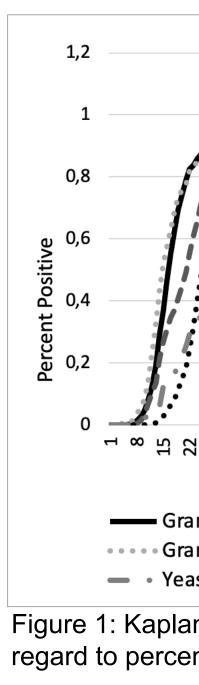
## Background

- Empiric antimicrobial agents are often used to treat children suspected of sepsis
- Antimicrobials submit patients to risks and contribute to antimicrobial resistance
- Usage lasts about 48-72 hours<sup>1,2</sup>
- Recent studies show that most blood cultures will be positive within 24 hours<sup>3,4</sup>
- Aim: Determine time to positivity (TTP) of blood cultures based a variety of factors
- Goal: Reduce unnecessary antimicrobials used on hospitalized children

### **Methods**

- Study Type:
- Single-center, retrospective cohort study
- Patients:
  - All hospitalized patients with positive blood cultures at Children's Hospital Colorado
- Inclusions:
  - Pos blood cultures between Jan '13 Dec '18
  - First positive: New organism or two weeks between positive cultures
  - Unimicrobial (separate study)
  - Not rapid blood culture identification (BCID)
- Data:
  - Chart review in Epic and demographic data, microbiological data, source and primary team
- Stats:
  - TTP and means compared with T-tests and one-way analysis of variance (ANOVA)
- Kaplan-Meier curves constructed

- Numbers:
  - Blood Culture
  - 6,184 + blo
- After exclusion
- TTP Stats:
  - Overall TTP m
  - 21.26 hour
  - TTP Range:
  - Bacteria: 1
  - Yeast: 7-10
  - Gram+ absolu
    - 16.73 hour
  - Gram- AP TTF
    - 15.99 hours
  - Yeast TTP mea
    - 31.29 hour



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<u>Results</u>						
s: ood cultures/89,663 total cultures (6.9%) ns: 2,130 (2.9%) nean: rs (95%Cl of 20.77;21.77) -266 hours 9 hours ite pathogens (AP) TTP mean: rs (95%Cl of 16.18;17.3) P mean: rs (95%Cl of 15.06;16.97) ean:	<ul> <li>Common contaminants TTP mean: <ul> <li>28.21 hours (95%Cl of 27.22;29.24)</li> </ul> </li> <li>Peripheral vs. Central Venous Catheter (CVC): <ul> <li>Not statistically significant (p = 0.27)</li> </ul> </li> <li>Primary Teams: <ul> <li>Not statistically significant (p = 0.30) when comparing NICU, PICU, CI/CPCU</li> </ul> </li> <li>Gram+ and Gram- AP vs. common contaminants: <ul> <li>Not statistically significant</li> </ul> </li> <li>TTP Select Pathogen Stats: <ul> <li>MRSA TTP mean:</li> <li>18.64 hours (95%Cl of 16.66;20.85)</li> </ul> </li> <li>Pseudomonas species TTP mean: <ul> <li>22.53 hours (95%Cl of 19.24;26.38)</li> <li>Coag-neg Staph (contaminant) TTP mean:</li> </ul> </li> </ul>			<ul> <li>Conclusions</li> <li>So hours or less may be a sufficient period of observation for empiric antimicrobials in suspected sepsis</li> <li>TTP Comparisons: <ul> <li>No statistically significant difference between peripheral or CVC</li> <li>No statistically significant difference between primary teams</li> <li>No statistically significant difference between AP and common contaminants</li> </ul> </li> </ul>		
r <b>s</b> (95%Cl of 26.46;37.01)	<ul> <li>26.18 hours (95)</li> </ul>	%CI of 25	5.43;26.95)		Implications	
	HOU		HOURS PERCENT POSITIVE		<ul> <li>Data suggests antimicrobials may be</li> </ul>	
		Gram Positive Absolute Pathogens				
		36	98% 95%		discontinued or deescalated sooner than	
		24		previously thought in clinically stable		
		12	20%			
		Gram Positive Possible Pathogens       48     96%			<ul> <li>Prolonged use of vancomycin and</li> </ul>	
		36 89%			cefepime are largely driven by absolute	
		24	71%			
		12     13%       Gram Negative Absolute Pathogens			gram+ and gram- pathogens but these were	
<i>r</i>		48 93%			among the lowest TTPs	
Þ		36	91%		Future Directions: Analyzing polymicrobial	
		24	87%		data, BCID, and implementing institutional	
		12 Yea	33% st (n= 55)			
		48	76%		practice changes	
Honrs 23 267 267 267 267 267 267 267 267 267 267		36	60%			
		24	36%		Disclosures	
		12 Contami	4% nants (n= 679)			
m Positive Absolute PathogensGram	Positive Possible Pathogens	48	86%		D.L. was supported by the Infectious Diseases Society of America 2018 Medical Scholars Program grant.	
m Negative Absolute Pathogens •••••Contai	minants	36	78%			
st		24	48%		<u>References</u>	
		12	1%		<ol> <li>Aronson PL, Wang ME, Nigrovic LE, et al. Time to Pathogen Detection for Non-ill Versus III-Appearing Infants ≤60 Days Old With Bacteremia and Meningitis. Hosp Pediatr. 2018;8(7):379-384.</li> </ol>	

Figure 1: Kaplan-Meier curve comparing gram+ AP, gram- AP, yeast, gram+ possible pathogens, and contaminants in regard to percent positive over time



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