

Positive blood culture for patient discharged from ED\*\*\*

Gram stain with anything other than gram + cocci or gram + rods?

Y

Return to ED

N

Should a PCP or subspecialist be involved?

Y

Discuss with PCP or subspecialist

N

Does patient have high-risk condition? (Table 1)

Y

Return to ED

N

Does family have concerns? Consider Table 2

Y

Return to ED

N

Confirm phone number

Review return precautions (Table 3 for infants < 60 days)

Wait at home until ePlex results - usually 3 hours

Document in telephone encounter or reassessment note in the previous ED/UC encounter

Dotphrase .EDBLOODCULTURE

\*\*\*If patient was admitted please direct result to the admitting team

**Table 1. High Risk Condition:**

Factors that make any positive blood culture risk for true bacteremia

- Immunosuppression
- Intravascular device
- Indwelling hardware
- Any congenital heart disease (call cards follow)
- Hx unexplained infections concerning for undiagnosed immunodeficiency
- Asplenia
- Sickle cell disease

**Table 2. Discuss with parents:**

- How is child doing?
- Is child worse than when they left ED?
- Is patient fussy, febrile, not waking to feed?
- Was parent concerned and thinking about bringing patient back to ED

**Table 3. Return Precautions for infants < 60 days old:**

- Fever > 100.4
- Excessive fussiness or sleepiness
- Poor feeding
- Vomiting multiple times
- Signs of dehydration

ePlex result available

ePlex result in Table 4?

N

Any other ePlex result,  
including "No organisms detected."  
*"No organisms detected on ePlex" means there is  
unidentified bacteria on the culture that is not  
included in routine ePlex testing.*

**Table 4. Per ID recommendations, these ePlex results are likely contaminants in a non-high risk patient**

Bacillus cereus complex  
Bacillus subtilis complex  
Corynebacterium  
Cutibacterium acnes  
Lactobacillus  
Micrococcus

See table below for interpretation of Staphylococci:

Result	Interpretation
Staphylococcus	If <u>only</u> this is detected, likely contaminant
Staphylococcus aureus	Likely pathogen
Staphylococcus epidermidis	If <u>only</u> this and "staphylococcus" are detected, likely contaminant
Staphylococcus lugdunensis	Likely pathogen

Contaminant likely. No further testing needed.

Daytime APN

- FYI PCP (ask Physician Priority Link 6-4010 to leave "ED Blood Culture Contaminant" message)
- Give family reassurance of contaminant, review return precautions
- If < 60 days, see PCP in 1-2d

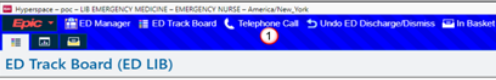
Return to ED

# How to Document an ED Telephone Encounter & Documentation

## Create or open an ED telephone encounter

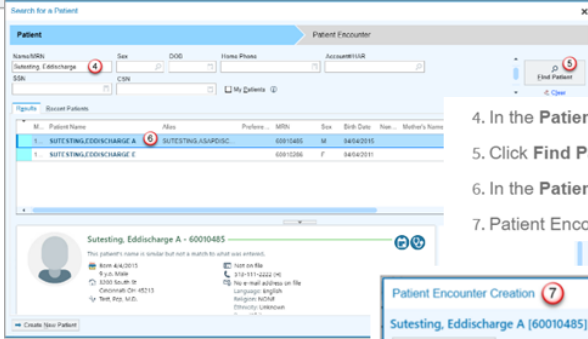
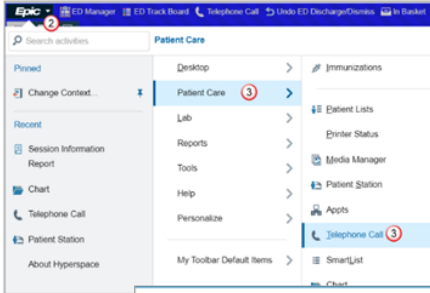
Document post-visit documentation like results, pharmacy calls, medical advice, or patient/family communication in a telephone encounter. There are three ways to create an ED telephone encounter: Track Board toolbar, Epic button and Results In-Basket folder.

1. Click Telephone Call from Track Board toolbar.



or

2. Click the Epic button in the upper left corner of the screen.
3. Select Patient Care, then Click Telephone Call.



4. In the Patient Lookup window, type in the name of your patient.
5. Click Find Patient.
6. In the Patient Select window, double-click on your patient's name.
7. Patient Encounter Creation form loads.



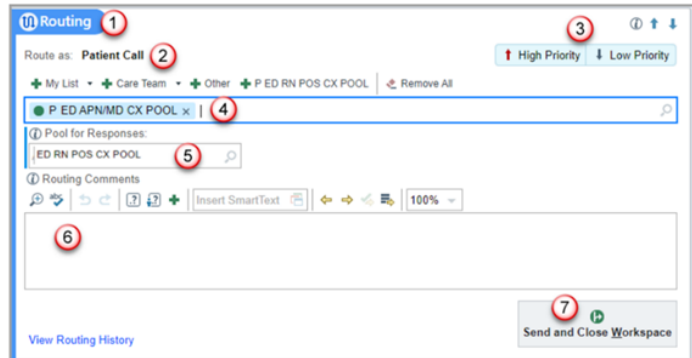
*(Patient's name appears at the top of the form, the current user and their login department will display in the Provider and Department field.)*

## Route a Telephone Encounter

**Routing** - Send telephone encounters to other clinicians from the Routing section.

1. Open the Routing section.
2. **IMPORTANT** - Verify the encounter is routing as a **Patient Call**.
3. Change the call priority if appropriate.
4. In the Enter recipients' field, enter the person, or group you're sending the message to.
  - a. When you want to send a message to just one person, send a message to an individual recipient.
  - b. When you want the first available user from a group to act on the message, send a pool message. To send a pool message, prefix the name of the group with **P** (example: "**P** ED APN/MD CX POOL" or "**P** ED RN POS CX POOL").
5. If you want replies to your message to be sent to a pool rather than to you, enter that pool in the Pool for Responses field.
6. Enter any additional message for the recipient in the Routing Comments field.
7. Click **Send and Close Workspace**.

**!** APRNs please read routing comments carefully. The PVRNs will indicate if the encounter should be routed back their pool before closing the encounter.



**!** Telephone encounters created or opened by the ED PVRNs should be routed back to the PVRNs to close.

### Script to use with families

1. Call family. Verify who you are speaking with including name and relationship to patient.
2. Introduce yourself as APRN/physician from Cincinnati Children's.
3. Want to see how the patient is doing, find out patient status. Any symptoms? Improving, looking worse, back to normal, etc.
4. Inform family there is a lab result that didn't come back right away and it is possible there is nothing to worry about and you will tell them why.

When your child was in the ED/hospital they had a lab test called a blood culture which looks for bacteria in the blood. We all have normal bacteria on our skin, and sometimes, the skin bacteria gets into the blood sample- we call this a contaminant. Your child's blood sample did show bacteria. This is most likely the normal skin bacteria and doesn't need any treatment. Our lab does tests to figure out whether the bacteria in your child's culture is a normal skin bacteria or a real infection.

**Option 1-** Since your child is \*\*\*improving, doing well\*\*\*, it is safe for them to stay at home while our lab does these extra tests (ePlex), which should result in ~3 hours.

A member of our team will call back right away if the results are concerning, and if they are not concerning we will call you in the morning.

(optional: We do recommend that your child follow up with their pediatrician in the next \*\*\*days. This is just to make sure your child continues to move in the right direction. Are you able to see the pediatrician within this timeframe?)

**Option 2-** I would like you to return to the Emergency Department to be seen since your child is still experiencing concerning symptoms. They will evaluate the child while there and determine if you need any further testing.

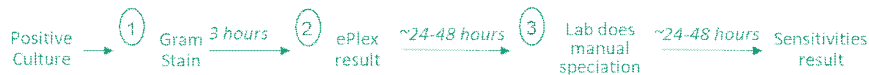
### AM follow up call if eplex shows contaminant:

When your child was in the ED / UC they had a lab test called a blood culture which looks for bacteria in the blood. We all have normal bacteria on our skin, and sometimes, the skin bacteria gets into the blood sample- we call this a contaminant. Your child's blood sample showed normal skin bacteria and this doesn't need any further testing or treatment.

### What is ePlex?

ePlex is a molecular test that rapidly identifies bacterial species on blood cultures. Other brand names that perform the same function as ePlex include nanosphere (formerly used at CCHMC) and BioFire.

ePlex usually results 3 hours after a gram stain.



### ePlex in Epic: it can be confusing

A commonly misunderstood ePlex is

Staphylococcus	Det... ! 📄 ❄️
Staphylococcus aureus	Not Detec... ❄️
Staphylococcus epidermidis	Not Detec... ❄️
Staphylococcus lugdunensis	Not Detec... ❄️

*Which is often called "Staphylococcus species" or "Staphylococcus other"*

This means the culture tested positive for Staphylococcus but negative for Staph aureus, Staph epidermidis, and Staph lugdunensis. These cultures grow varieties of coag. negative staph such as Staph hominis and Staph capitis. **Less than 1%** of these samples manually speciate Staph aureus.