Methodist
Le Bonheur Healthcare

Physician Orders PEDIATRIC: Blood Culture Pediatric Plan

Blood Culture Pediatric Plan
Laboratory

Due to increased risk for contamination from central lines, peripheral cultures are recommended when NOT evaluating for catheter related blood stream infection.(NOTE)*

☑ Blood Culture
Time Study, T;N, Specimen Source: Peripheral Blood

☐ Blood Culture
Time Study, T;N+2, Specimen Source: Peripheral Blood
If ruling out endocarditis and need an additional set, select the below peripheral blood culture as well(NOTE)*

☐ Blood Culture
Time Study, T;N+3, Specimen Source: Peripheral Blood
Avoid drawing routine blood cultures from a central line(NOTE)*
When ordering Blood Cultures, if a catheter-related blood stream infection is suspected, select the below order.(NOTE)*

☐ Blood Culture Line
    ☐ *Time Study, T;N, Specimen Source: Dialysis Catheter - Non-Tunneled* (DEF)*
    ☐ *Time Study, T;N, Specimen Source: Dialysis Catheter - Tunneled*
    ☐ *Time Study, T;N, Specimen Source: Line*
    ☐ *Time Study, T;N, Specimen Source: Line, Arterial*
    ☐ *Time Study, T;N, Specimen Source: Line, Broviac*
    ☐ *Time Study, T;N, Specimen Source: Line, Central*
    ☐ *Time Study, T;N, Specimen Source: Line, PICC*
    ☐ *Time Study, T;N, Specimen Source: Line, Venous*
    ☐ *Time Study, T;N, Specimen Source: Port*
    ☐ *Time Study, T;N, Specimen Source: Portacath*
    ☐ *Time Study, T;N, Specimen Source: Triple Lumen*
    ☐ *Time Study, T;N, Specimen Source: Umbilical Artery Catheter*
    ☐ *Time Study, T;N, Specimen Source: Umbilical Venous Catheter*

_____ _____ _____ _____
Date **Time** **Physician's Signature** **MD Number**

*Report Legend:
DEF - This order sentence is the default for the selected order
GOAL - This component is a goal
IND - This component is an indicator
INT - This component is an intervention
IVS - This component is an IV Set
NOTE - This component is a note
Rx - This component is a prescription
SUB - This component is a sub phase, see separate sheet
R-Required order