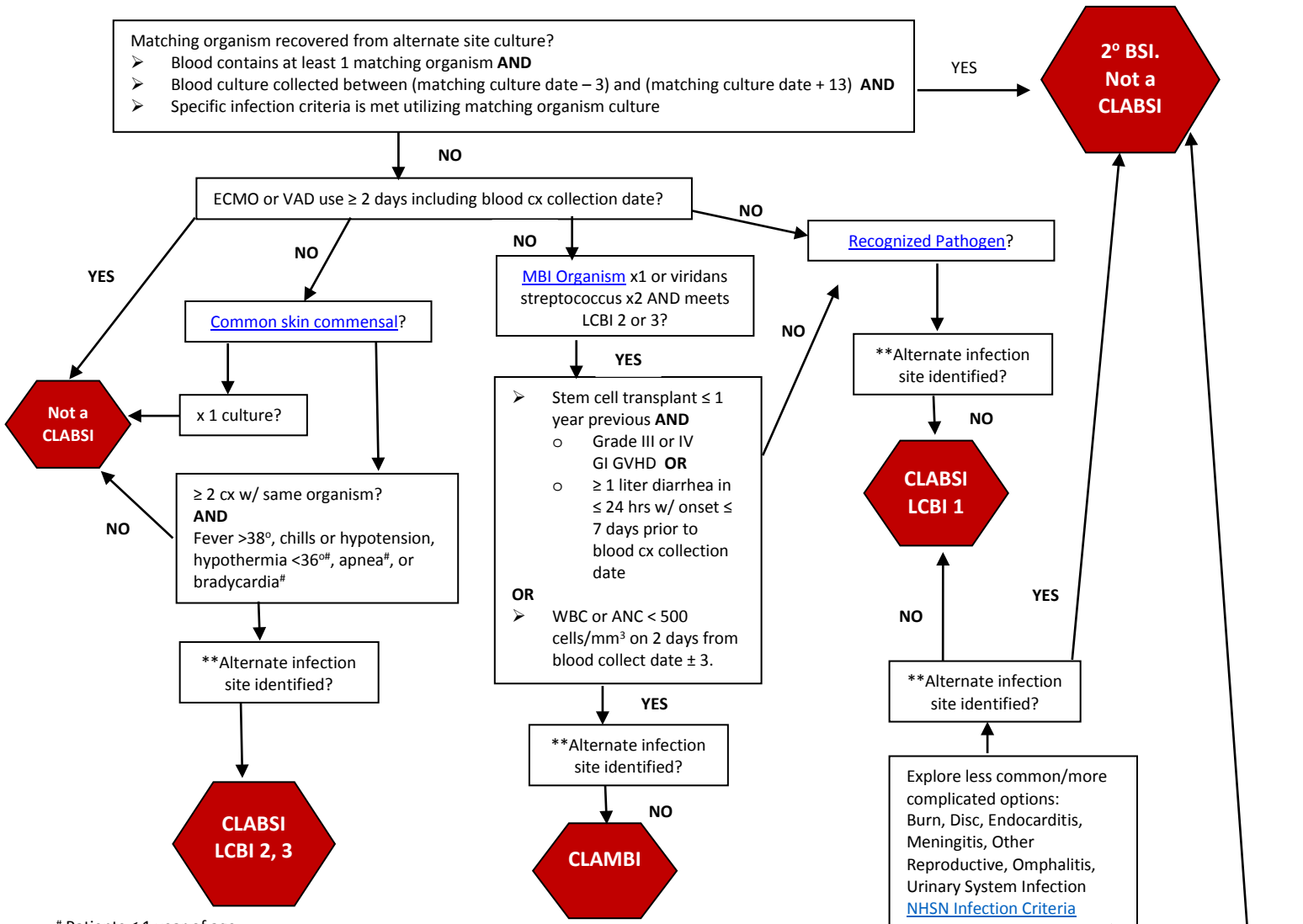


**Condensed Algorithm for Identifying Central Line Associated Bloodstream Infection
Using NHSN Criteria, January 2018 Revision – Complete Criteria [Here](#)**

Positive Blood Culture(s) with central venous catheter that had had been in place >2 calendar days, AND was either:

1. Still present on date of event, OR
2. Removed day before date of event

All elements of the CLABSI criterion must occur during the Infection Window Period*



Patients ≤ 1 year of age

****Most common alternate sources of bacteremia**

- Each blood culture contains **AT LEAST ONE eligible** organism for the criteria met, if applicable
- All criteria for site-specific infection, including collection of blood culture, occur within a 7-day window defined by the first date on which any criterion is met.

Potential GI Source

- MBI Organism **AND**
- Evidence of infection on histopathology or direct examination (i.e. visualization during surgery) **OR**
- ≥ 2 symptoms (fever > 38.0, nausea, vomiting, pain/tenderness, other less common sx) **AND**
- Imaging test evidence of GI infection

Potential Pneumonia*

- Chest imaging w/ new or progressive and persistent infiltrates, consolidation, cavitation or pneumatoceles in pt ≤ 1 year old **AND**
- Fever, leukopenia or AMS in pt ≥ 70 years old **AND**
- New purulent sputum, new/worsening cough/dyspnea/tachyynia, rales/bronchial breath sounds, or worsening gas exchange

*Enterococcus, yeast, S.epi ineligible

Potential Ortho Related Sources

BONE: ≥ 2 sx*: fever, swelling, pain, heat, drainage **AND** imaging test evidence of infection

JOINT: ≥ 2 sx*: swelling, pain, heat, evidence of effusion, limitation of motion

SPINAL ABSCESS: ≥ 1 sx*: fever, back pain, radiculitis, paraparesis or paraplegia **AND** imaging test evidence of spinal abscess

*w/ no other recognized cause

NO to all

YES to any

NOTE: BSI may not be attributed to SST or SSI without a matching culture.

Direct feedback on this algorithm to: laurel.gibbs@ucsf.edu.