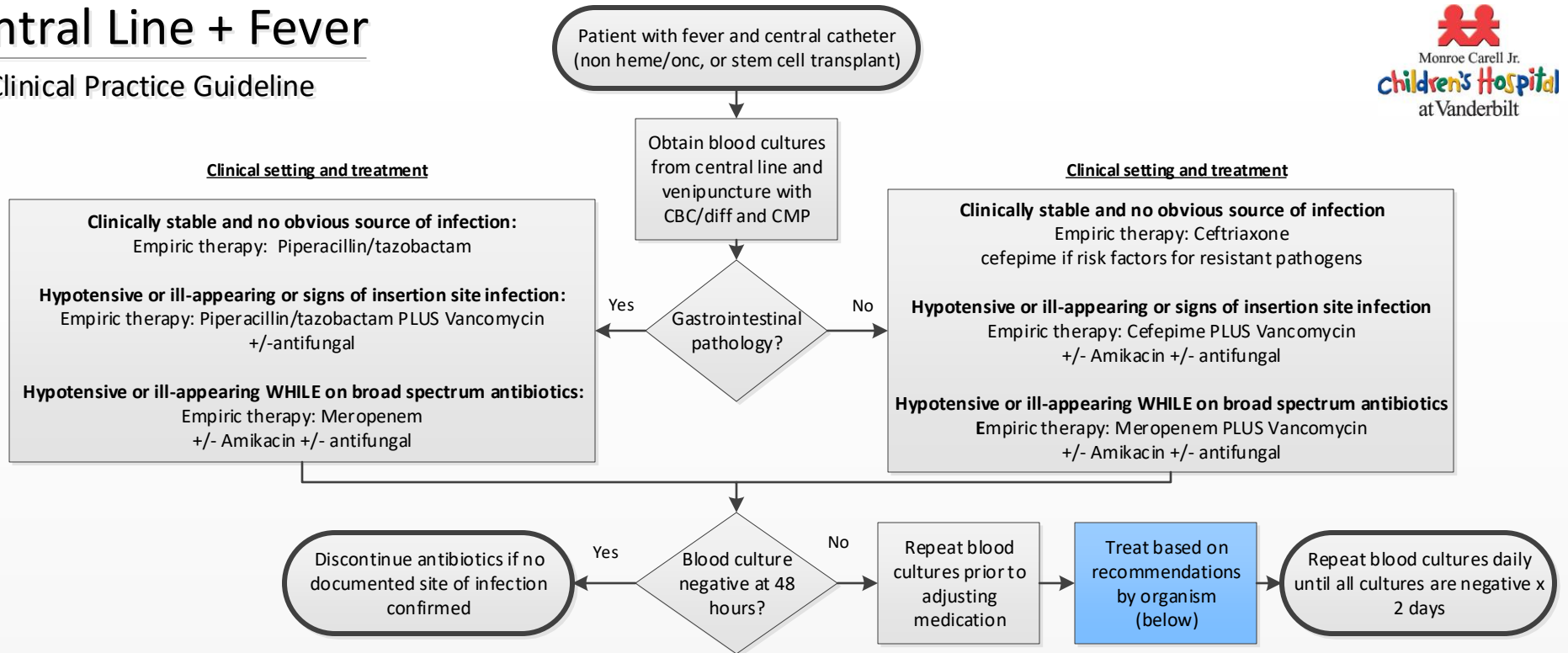


Central Line + Fever

Clinical Practice Guideline



Candida species & Staphylococcus aureus

- Consult infectious diseases
- Remove all catheters
- Treat for minimum of 14 sterile days

Enterococcus spp

- Ampicillin sensitive: Ampicillin + Gentamicin
- Ampicillin resistant: Vancomycin + Gentamicin
- Short-term catheters should be removed
- Long-term catheters may remain and treat unless criteria for removal is met
- Treat for 7-14 sterile days

Coagulase Negative Staphylococcus

- Vancomycin
- Catheters may remain and treat with systemic antibiotic PLUS lock therapy (remove if access not critical)
- If catheter is removed treat for minimum of 5 sterile days
- If catheter remains treat for minimum of 10 sterile days

Gram Negative Bacilli

- Consult infectious diseases
- Remove short term catheter
- Remove long term catheter if *Pseudomonas aeruginosa*
- Treat for 10- 14 sterile days

Definitions

Fever: 38°C (100.4°F)

Short-term catheter: non-surgically implanted catheter (ex. PICC)

Long-term catheter: surgically implanted catheter (ex. Broviac, ports, etc)

Sterile day: day with documented negative blood culture and no positive blood culture

Recommendations for Pediatric Infectious Disease Consultation

- Infection with Candida, Staphylococcus aureus, gram negative pathogens, atypical pathogens, or multi-drug resistant pathogens
- Line retention
- Allergy to first line agent
- Antibiotic locks
- Persistently positive blood cultures despite 2 days of appropriate therapy

Criteria for catheter removal

- Severe sepsis
- Clinical deterioration
- Persistent or relapsing bacteremia
- Suppurative thrombophlebitis
- Endocarditis
- Bloodstream infection that continues despite >72 hours of effective antimicrobial therapy

Risk Factors for Resistant Infections

- Critically ill
- Femoral catheter in place
- Recent receipt of antibiotics

Central Line + Fever

Clinical Practice Guideline



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