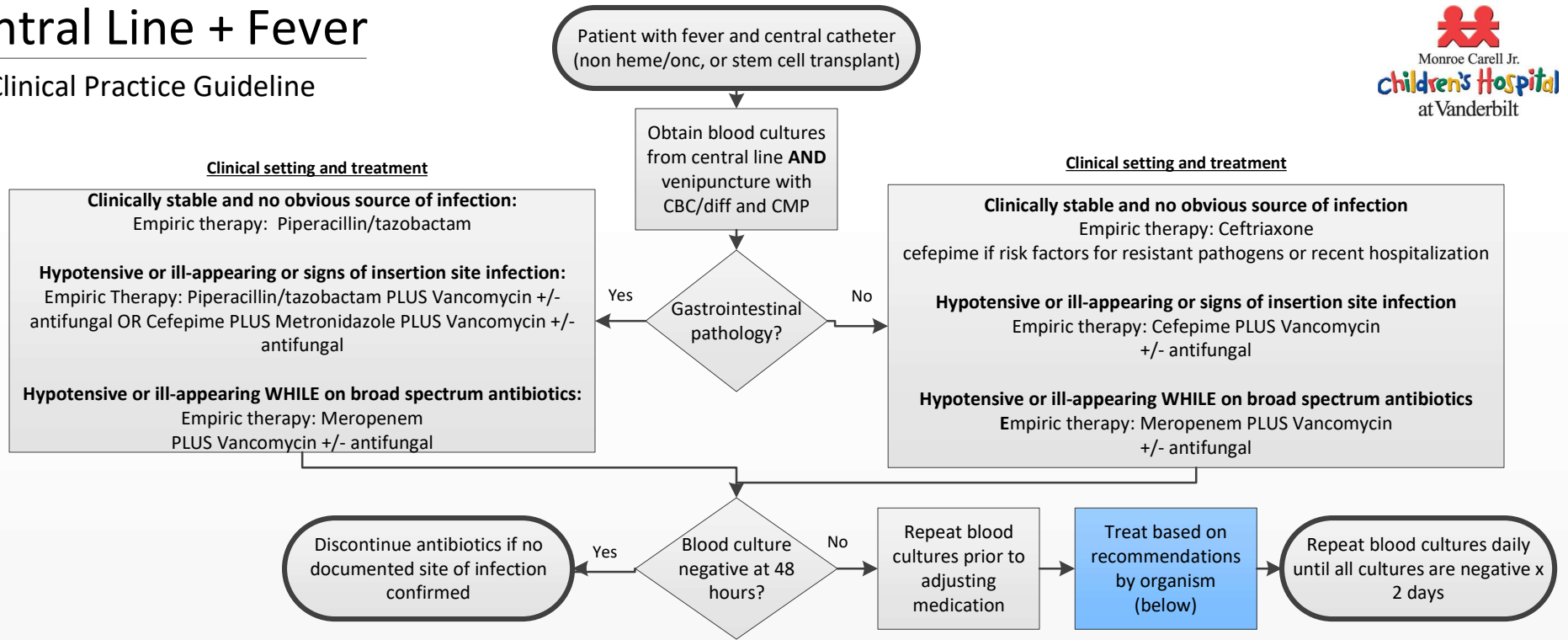


# Central Line + Fever

## Clinical Practice Guideline



**Candida species, Staphylococcus aureus & Staph lugdunensis**

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

**Enterococcus spp**

Ampicillin sensitive: Ampicillin +/- Gentamicin  
Ampicillin resistant: Vancomycin +/- Gentamicin  
Run antibiotics through the infected line  
Short-term catheters should be removed  
Long-term catheters may remain and treat unless criteria for removal is met  
Treat for 7 sterile days

**Coagulase Negative Staphylococcus**

Vancomycin  
Catheters may remain and treat with systemic antibiotic.  
Antibiotic should be run through the infected line. Consider lock therapy (remove if access not critical or unable to clear cultures despite optimal antibiotic therapy)  
If catheter is removed treat for minimum of 5 sterile days  
If catheter remains treat for minimum of 7 sterile days  
Staph lugdenesis should be managed as S. aureus

**Gram Negative Bacilli**

**Consult infectious diseases**  
Run antibiotic through the infected line  
Remove short term catheter if high grade bacteremia (short time to positivity, multiple positive cultures) or failure to clear blood cultures after 48-72 hours of effective antibiotic therapy  
Remove long term catheter if *Pseudomonas aeruginosa*  
Treat for 7 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
  - Allergy to first line agent
  - Antibiotic locks
  - Persistently positive blood cultures despite 2 days of effective 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
  - Candida spp or S. aureus

- 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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