

## 2020 NHSN Laboratory Confirmed Bloodstream Infection (LCBI) Checklist

Laboratory Confirmed Bloodstream Infection (LCBI) Summary		
Criterion	Criterion Met	Date of Event (DOE)
LCBI-1	<input type="checkbox"/>	
LCBI-2	<input type="checkbox"/>	
LCBI-3	<input type="checkbox"/>	
MBI LCBI-1	<input type="checkbox"/>	
MBI LCBI-2	<input type="checkbox"/>	
MBI LCBI-3	<input type="checkbox"/>	
Please refer to <a href="#">Chapter 4 Bloodstream Infection (BSI) Event</a> of the Patient Safety Manual for additional information.		

Documentation Review Checklist	
Laboratory Confirmed Bloodstream Infection (LCBI)	
LCBI 1	
If LCBI 1 criteria is met, consider MBI-LCBI 1	
Element	Element Met
Patient of any age has	
<ul style="list-style-type: none"> <li>• A recognized bacterial or fungal pathogen not included on the NHSN common commensal list:                             <ol style="list-style-type: none"> <li>1. Identified from one or more blood specimens obtained by a culture</li> </ol> <b>OR</b> <ol style="list-style-type: none"> <li>2. Identified to the genus or species level by non-culture based microbiologic testing (NCT) methods (for example, T2 Magnetic Resonance [T2MR] or Karius Test). <b>Note:</b> If blood is collected for culture within 2 days before or 1 day after the NCT, disregard the result of the NCT and use only the result of the CULTURE to make an LCBI surveillance determination. If no blood is collected for culture within this time period, use the result of the NCT for LCBI surveillance determination.</li> </ol> </li> </ul>	<input type="checkbox"/>
<b>AND</b>	
<ul style="list-style-type: none"> <li>• Organism(s) identified in blood is not related to an infection at another site (See <a href="#">Chapter 4 Appendix B: Secondary BSI Guide</a>).</li> </ul>	<input type="checkbox"/>
<b>Notes:</b> <ol style="list-style-type: none"> <li>1. If a patient meets both LCBI 1 and LCBI 2 criteria, report LCBI 1 with the recognized pathogen entered as pathogen #1 and the common commensal as pathogen #2.</li> <li>2. No additional elements (in other words, no sign or symptom such as fever) are needed to meet LCBI 1 criteria; therefore, the LCBI 1 DOE <u>will always be</u> the collection date of the first positive blood specimen used to set the BSI IWP.</li> </ol>	
<b>Comments/Notes:</b>     	



## Documentation Review Checklist

## Laboratory Confirmed Bloodstream Infection (LCBI)

## LCBI 2

If LCBI 2 criteria is met, consider MBI-LCBI 2

Element	Element Met
Patient of any age has at least <b>one</b> of the following signs or symptoms:	
<ul style="list-style-type: none"> <li>• Fever (&gt;38°C)</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Chills</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Hypotension</li> </ul>	<input type="checkbox"/>
<b>AND</b>	
<ul style="list-style-type: none"> <li>• Organism(s) identified in blood is not related to an infection at another site (See <a href="#">Chapter 4 Appendix B: Secondary BSI Guide</a>).</li> </ul>	<input type="checkbox"/>
<b>AND</b>	
<ul style="list-style-type: none"> <li>• The same NHSN common commensal is identified by aculture from two or more blood specimens collected on separate occasions (see <a href="#">Blood Specimen Collection</a>).</li> </ul> <p>Common Commensal organisms include, but are not limited to, diphtheroids (<i>Corynebacterium</i> spp. not <i>C. diphtheria</i>), <i>Bacillus</i> spp. (not <i>B. anthracis</i>), <i>Propionibacterium</i> spp., coagulase-negative staphylococci (including <i>S. epidermidis</i>), viridans group streptococci, <i>Aerococcus</i> spp. <i>Micrococcus</i> spp. and <i>Rhodococcus</i> spp. For a full list of common commensals, see the Common Commensals tab of the <a href="#">NHSN Organism List</a>.</p>	<input type="checkbox"/>
<p><b>Notes:</b></p> <ol style="list-style-type: none"> <li>1. Criterion elements must occur within the 7-day IWP (as defined in <a href="#">Chapter 2 Identifying HAIs for NHSN Surveillance</a>) which includes the collection date of the positive blood specimen, the 3 calendar days before and the 3 calendar days after.</li> <li>2. The two matching common commensal specimens represent a single element for use in meeting LCBI 2 criteria and the collection date of the <i>first</i> specimen is used to determine the BSI IWP.</li> <li>3. At least one element (specifically, a sign or symptom of fever, chills or hypotension) is required to meet LCBI 2 criteria; the LCBI 2 DOE will always be the date the <i>first</i> element occurs for the first time during the BSI IWP, whether that be a sign or symptom or the positive blood specimen.</li> </ol>	
<p><b>Comments/Notes:</b></p>	

## Documentation Review Checklist

## Laboratory Confirmed Bloodstream Infection (LCBI)

## LCBI 3

If LCBI 3 criteria is met, consider MBI-LCBI 3

Element	Element Met
Patient is ≤1 year of age has at least <b>one</b> of the following signs or symptoms:	
• Fever (>38°C)	<input type="checkbox"/>
• Hypothermia (<36.0°C)	<input type="checkbox"/>
• Apnea	<input type="checkbox"/>
• Bradycardia	<input type="checkbox"/>
<b>AND</b>	
• Organism(s) identified in blood is not related to an infection at another site (See <a href="#">Chapter 4 Appendix B: Secondary BSI Guide</a> ).	<input type="checkbox"/>
<b>AND</b>	
• The same NHSN common commensal is identified by aculture from two or more blood specimens collected on separate occasions (see <a href="#">Blood Specimen Collection</a> ).	<input type="checkbox"/>
Common Commensal organisms include, but are not limited to, diphtheroids ( <i>Corynebacterium</i> spp. not <i>C. diphtheria</i> ), <i>Bacillus</i> spp. (not <i>B. anthracis</i> ), <i>Propionibacterium</i> spp., coagulase-negative staphylococci (including <i>S. epidermidis</i> ), viridans group streptococci, <i>Aerococcus</i> spp. <i>Micrococcus</i> spp. and <i>Rhodococcus</i> spp. For a full list of common commensals, see the Common Commensal tab of the <a href="#">NHSN Organism List</a> .	
<b>Notes:</b>	
<ol style="list-style-type: none"> <li>1. Criterion elements must occur within the 7-day IWP (as defined in <a href="#">Chapter 2 Identifying HAIs for NHSN Surveillance</a>) which includes the collection date of the positive blood specimen, the 3 calendar days before and the 3 calendar days after.</li> <li>2. The two matching common commensal specimens represent a single element for use in meeting LCBI 3 criteria and the collection date of the <i>first</i> specimen is used to determine the BSI IWP.</li> <li>3. At least one element (specifically, a sign or symptom of fever, hypothermia, apnea or bradycardia) is required to meet LCBI 3 criteria; the LCBI 3 DOE will always be the date the <i>first</i> element occurs for the first time during the BSI IWP whether that be a sign or symptom or the positive blood specimen.</li> </ol>	
<b>Comments/Notes:</b>	

## Documentation Review Checklist

**Mucosal Barrier Injury Laboratory-Confirmed Bloodstream Infection (MBI-LCBI)**Must meet one of the following MBI-LCBI criteria**MBI-LCBI 1**

Element	Element Met
Patient of <b>any age</b> fully meets LCBI 1 criteria with at least <b>one</b> blood specimen:	
1. Identified from one or more blood specimens obtained by a culture <b>OR</b> 2. Identified to the genus or species level by non-culture based microbiologic testing (NCT) methods (for example, T2 Magnetic Resonance [T2MR] or Karius Test). <b>Note:</b> If blood is collected for culture within 2 days before or 1 day after the NCT, disregard the result of the NCT and use only the result of the CULTURE to make an LCBI surveillance determination. If no blood is collected for culture within this time period, use the result of the NCT for LCBI surveillance determination.	<input type="checkbox"/>
<b>AND</b>	
<b>ONLY intestinal organisms</b> from the NHSN MBI organism list are identified*	<input type="checkbox"/>
<b>AND</b>	
<b>Patient meets at least <u>one</u> of the following:</b>	
1. Is an allogeneic hematopoietic stem cell transplant recipient within the past year with one of the following documented during same hospitalization as positive blood specimen:	<input type="checkbox"/>
a. Grade III or IV gastrointestinal graft versus host disease [GI GVHD]	<input type="checkbox"/>
b. ≥1-liter diarrhea in a 24-hour period (or ≥20 mL/kg in a 24-hour period for patients <18 years of age) with onset on or within the 7 calendar days before the date the positive blood specimen was collected.	<input type="checkbox"/>
2. Is neutropenic, defined as at least two separate days with ANC and/or WBC values <500 cells/mm <sup>3</sup> collected within a 7-day time period which includes the collection date of the positive blood specimen, the 3 calendar days before and the 3 calendar days after (See Chapter 4 Table 5).	<input type="checkbox"/>
<b>MBI-LCBI 2</b>	
Patient of <b>any age</b> fully meets LCBI 2 criteria with at least <b>two matching</b> blood specimens identified by culture	<input type="checkbox"/>
<b>AND</b>	
<b>ONLY Viridans Group <i>Streptococcus</i></b> and/or <b><i>Rothia</i> spp.</b> alone but no other organisms are identified†	<input type="checkbox"/>
<b>AND</b>	
<b>Patient meets at least <u>one</u> of the following:</b>	
1. Is an allogeneic hematopoietic stem cell transplant recipient within the past year with one of the following documented during same hospitalization as positive blood specimen:	<input type="checkbox"/>
a. Grade III or IV gastrointestinal graft versus host disease [GI GVHD]	<input type="checkbox"/>
b. ≥1-liter diarrhea in a 24-hour period (or ≥20 mL/kg in a 24-hour period for patients <18 years of age) with onset on or within the 7 calendar days before the date the positive blood specimen was collected.	<input type="checkbox"/>
2. Is neutropenic, defined as at least two separate days with ANC and/or WBC values <500 cells/mm <sup>3</sup> collected within a 7-day time period which includes the collection date of the	<input type="checkbox"/>

positive blood specimen, the 3 calendar days before and the 3 calendar days after (See Chapter 4 Table 5).	
<b>MBI-LCBI 3</b>	
Patient <b>≤1 year of age</b> fully meets LCBI 3 criteria with at least <b>two matching</b> blood specimens identified by culture	<input type="checkbox"/>
<b>AND</b>	
<b>ONLY Viridans Group <i>Streptococcus</i></b> and/or <b><i>Rothia spp.</i></b> alone but no other organisms are identified†	<input type="checkbox"/>
<b>AND</b>	
<b>Patient meets at least <u>one</u> of the following:</b>	
1. Is an allogeneic hematopoietic stem cell transplant recipient within the past year with one of the following documented during same hospitalization as positive blood specimen:	<input type="checkbox"/>
a. Grade III or IV gastrointestinal graft versus host disease [GI GVHD]	<input type="checkbox"/>
b. ≥1-liter diarrhea in a 24-hour period (or ≥20 mL/kg in a 24-hour period for patients <18 years of age) with onset on or within the 7 calendar days before the date the positive blood specimen was collected.	<input type="checkbox"/>
2. Is neutropenic, defined as at least two separate days with ANC and/or WBC values <500 cells/mm <sup>3</sup> collected within a 7-day time period which includes the collection date of the positive blood specimen, the 3 calendar days before and the 3 calendar days after (See Chapter 4 Table 5).	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• An MBI-LCBI is a subset of the LCBI criteria; therefore, a BSI event must fully meet an LCBI criterion before evaluating for the corresponding MBI-LCBI criteria.</li> <li>• The MBI-LCBI DOE will always be the date the prerequisite LCBI criteria was met. Abnormal ANC and WBC values reflect risk factors for acquiring an MBI-LCBI, not symptoms of infection and therefore are not used in DOE determinations.</li> </ul>	
<b>Notes:</b>	
<ol style="list-style-type: none"> <li>1. If a patient meets both MBI-LCBI 1 and MBI-LCBI 2 criteria (specifically has Viridans Group <i>Streptococcus</i> and/or <i>Rothia spp.</i> plus <b>only other MBI organisms</b> in the blood specimen), report organisms as MBI-LCBI 1 with the recognized pathogen as pathogen #1 and the common commensal as pathogen #2.</li> <li>2. Any combination of ANC and/or WBC values can be used to meet neutropenic criteria provided they are collected on separate days within the 7-day period that includes the date of the positive blood specimen, the 3 calendar days before and the 3 calendar days after.</li> <li>3. When a blood specimen positive for an organism not included on the NHSN MBI organism list is collected during the BSI RIT of an MBI-LCBI, the initial MBI-LCBI event is edited to an LCBI and the identified non-MBI organism is added.</li> </ol>	
<p>*A partial list of MBI-LCBI organisms is provided in Chapter 4 Appendix A.  See MBI organism tab on the <a href="#">NHSN Organism List</a> for the full list of MBI organisms.</p> <p>†Eligible positive blood specimens must be collected on separate occasions and limited to the following:</p> <ul style="list-style-type: none"> <li>• Viridans Group <i>Streptococcus</i> identified in at least two sets of blood specimens</li> <li>• <i>Rothia spp.</i> identified in at least two sets of blood specimens</li> <li>• Viridans Group <i>Streptococcus</i> <b>and</b> <i>Rothia spp.</i> identified in at least two sets of blood specimens</li> </ul>	

## Blood Specimen Collection

1. In LCBI criteria 2 and 3, the phrase “two or more blood specimens drawn on separate occasions” means:
  - a. blood from at least two separate blood draws was collected on the same or consecutive calendar days, and
  - b. two separate site preparations (decontamination steps) were performed during specimen collection.

This will reduce misidentification of contaminated blood specimens as LCBIs. For example, aseptic technique indicates that separate site decontaminations would be performed for blood specimens drawn from different sites (in other words; different venipunctures, a combination of venipuncture and lumen withdrawal, or different lumens of the same central line), or at different times. Specimens collected in this manner would, therefore, be considered “separate occasions”.

2. Specimen Collection Considerations: Blood specimens drawn through central lines can have a higher rate of contamination than blood specimens collected through peripheral venipuncture. However, all positive blood specimens, regardless of the site from which they are drawn or the purpose for which they are collected, must be included when conducting in-plan CLABSI surveillance (for example, weekly blood cultures performed in hematology and oncology locations).
3. Catheter tip cultures cannot be used in place of blood specimens for meeting LCBI criteria.
4. In MBI-LCBI 1, 2 and 3, “No other organisms” means there is no identification of a non-MBI-LCBI pathogen (such as *S. aureus*) or 2 matching common commensals (such as coagulase-negative *staphylococci*) collected from the blood on separate occasions that would otherwise meet LCBI criteria. If this occurs, the infection does not meet MBI-LCBI criteria.
5. When a blood specimen positive for an organism not included on the NHSN MBI organism list is collected during the BSI RIT of an MBI-LCBI, the initial MBI-LCBI event is edited to an LCBI and the identified non-MBI organism is added.

**MBI RIT Exception** – A non-MBI organism is NOT assigned to an MBI-LCBI (primary BSI) event when a blood culture with the non-MBI organism is collected during a BSI (MBI-LCBI)-RIT and also deemed to be secondary to an NHSN site-specific infection. The MBI-LCBI designation will not change to an LCBI event. Please see Example 5 in Chapter 4 Appendix B: Secondary BSI Guide and Chapter 2 Pathogen Assignment (Example 2b).

**\*\*Please note, once an LCBI is identified, refer to Chapter 4 Bloodstream Infection (BSI) Event of the NHSN Patient Safety Component Manual at [https://www.cdc.gov/nhsn/pdfs/pscmanual/4psc\\_clabscurrent.pdf](https://www.cdc.gov/nhsn/pdfs/pscmanual/4psc_clabscurrent.pdf) for Reporting Instructions and additional guidance on making central line associated (CLABSI) determinations and exclusions.**