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| Stool Culture |
| **Purpose** | This procedure provides instructions for STOOL CULTURE for the Microbiology laboratory. |
| **Policy Statements** | This procedure applies to Microbiologists/Virologists who perform culture set-up and plate reading. |
| Principle and Clinical Significance  | The best clinical predictors of positive stool culture in children are a combination of persistent diarrhea of >24 hour in duration, fever, and either blood in the stool or abdominal pain with nausea and vomiting. Many cases of diarrhea occur in children <5 years of age and are caused by pathogens that are endemic to an area, such as rotavirus, Shigella, *Giardia lamblia,* and Cryptosporidium. Since most disease is community acquired, a single stool specimen for culture obtained during the first 73 hours after admission to the hospital can be used for diagnosis for almost 98% of children with bacterial gastroenteritis. |
| **Test Code** | STLC |
| **Materials** | **Reagents** | **Supplies** | **Equipment** | **Media** |
|  | * 3% hydrogen peroxide
* Gram Stain reagents
* Oxidase, Indol reagents
* Staphaurex™
* Vitek® GN and NH ID cards
* Vitek® GN69 cards
* KB Gram Neg/Urine disk Dispenser
* STAT! EHEC Immunocard

 Kit – Meridian Diagnostics, Inc.* Salmonella; Shigella antiseras
* ECA-E coli 0157 Antigen Latex kit
 | * Campy Anaero Pack
* Glass slides
* Sterile Swab
* Sterile Falcon tubes
 | * Ambient air incubator
* Campy jar
* Incinerator
* Inoculating loop
* Microscope
* VITEK2
* VITEK MS
 | Refer to the Sunquest specimen label for media information. The organisms requested in SDES determine appropriate media.* CNA agar (CNA)
* Campylobacter blood agar (CBAP)
* MacConkey agar (MAC)
* MacConkey with Sorbitol (MACS)
* Nutrient agar slant (NAS)
* Hektoen agar (HE)
* Selenite broth (SEL)
* GN broth (GN)
* Sheep Blood agar (SB)
* Yersinia selective agar (YSA) (also referred to as CIN agar containing cefsulodin-irgasan-novobiocin.)
* MacConkey agar, RT (MC25)
* Yersinia selective agar, RT (Y25)
* Tube biochemicals, TSI, MILS, UREA
* Mueller Hinton agar
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| Sample |  | **Related document** |
|  | 1. Acceptable specimens
* Fresh random stool preferred
* Rectal swab
* Orange Para Pak® C&S (Carey-Blair preservative)

SDES codes/Specimen type: the organisms requested in SDES determine appropriate media.* RS – rectal swab
* STO – stool
* STOA – STOOL: Aeromonas species requested
* STOE – STOOL: Aeromonas & Yersinia requested
* STOP – STOOL, Predominant organism
* STOY – STOOL: Yersinia requested
1. Specimen Collection and Transport
* Refer to Lab Test Directory – Stool Culture
1. Specimen assessment
* Refer to the Specimen Rejection section of Lab Test Directory – Stool Culture
* Stool cultures on patients hospitalized ≥ 3 days should not be performed unless special circumstances exist. If patient’s length of stay was >3 days and admitting diagnosis was not gastroenteritis, consider *Clostridium difficile* toxin or rotavirus as a cause of nosocomially acquired diarrhea.
1. Special instructions
* The laboratory must be notified if bacteria other than *Salmonella, Shigella, E. coli* 0157 or *Campylobacter* sp. are suspected.
* Select the appropriate SDES code based on the organisms suspected.
 | [Lab Test Directory – Stool Culture](http://www.childrensmn.org/Manuals/Lab/MicroBioViral/033255.asp) |
| **Special Safety Precautions** | Microbiologists/virologists are subject to occupational risks associated with specimen handling. Refer to the safety policies**:**1. Biohazard Containment
2. Safety in the Microbiology/Virology Laboratory
* Biohazardous Spills
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| **Procedure** | InoculationWarm all media before inoculation. Label all plates, tubes and slides properly with the patients name, accession number and date. Inoculate the media in the order of the least selective first to prevent carryover of inhibitory substances to another medium. Refer to the Sunquest specimen label for the order of inoculation.Specimen processingRectal swab: 1. Roll swab over upper quadrant of CNA, CBAP, MAC, HE, and MACS; (and additional plates as needed).
2. Break swab off in SEL.
3. Do not inoculate a GN broth tube, the EHEC test will be credited by day shift tech.

 Solid stool:1. Using a sterile swab, sample stool in several places, especially areas that have blood and mucus.
2. Roll swab over upper quadrant of CNA, CBAP, MAC, HE, and MACS; (and additional plates as needed).
3. Break swab off in SEL.
4. Inoculate a 3-4 mm round pellet of stool to the GN broth.

 Diarrheal/liquid stool:1. Place 2-3 drops on each plate, add 50 μL to the GN broth and 2-3 drops in the selenite.
2. Streak plates semi-quantitatively for primary isolation.
3. Sterilize the inoculating loop in the incinerator for 5 s to 10 s. Allow the loop to cool.
4. Pass the loop back and forth through the inoculum in the first quadrant several times, covering approximately ¼ of the plate.
5. Flame the loop, turn the plate a quarter turn and pass the loop through the edge of the first quadrant approximately 4 times while streaking into the second quadrant. Continue streaking in the second quadrant without going back into the first quadrant 3-4 times.
6. Flame loop again, turn the plate another quarter of a turn, and pass the loop through the edge of the second quadrant approximately four times while streaking into the third quadrant. Continue streaking in the third quadrant without going back into the second quadrant 3-4 times.

1. Incubation
2. Incubate SB, CNA, and MAC, HE, MACS, YSA, GN broth and SEL in ambient air at 35 º C.
3. Incubate CBAP at 42ºC in a Campy bag under microaerophilic conditions (5% O2, 10% CO2, and 85% N2). Each bag needs to contain 2 plates, add an uninoculated plate as necessary.
4. If *Yersinia* sp. is requested, incubate Y25 and MC25 plates at RT.
5. Culture examination
6. Day 1
7. **CBAP-** Examine for suspicious colonies, growing into 2nd or 3rd quadrant. Perform a Gram stain to look for small gram-negative gull-wing shaped organisms. If gram stain is suspicious for Campy, report SUMP-CAMP-ISOL and call results to ordering location. Perform VITEK MS. Subculture suspicious isolates to SB and incubate in a Campy bag, to send to MDH. If no VITEK MS identification, perform VITEK2 NH card.
8. **SB-** Colonies on SB should be screened for Oxidase, if OX pos, perform VITEK MS to rule out *Aeromonas/Plesiomonas*.
9. **CNA**-- Examine for the presence of beta hemolytic streptococcus group A; identify by latex grouping; do not quantitate. CAUTION: VITEK MS cannot be set up directly from CNA agar.

--Examine for the presence of *Staph aureus.* If *Staph aureus* is predominant in the absence of normal stool flora (NENT or only 1+), **and** it is 3-4+ (in 3rd or 4th quadrant), isolate and identify with SLC. Do FOXS for MEC A oxacillin resistance; do not quantitate, report as **MSSA-ISOL-PRED** or **MRSA-ISOL-PRED**. Do not perform susceptibility testing.--Examine for predominance of yeast. Quantitate and report yeast if in a 2:1 ratio to normal stool flora using the code YST2. If yeast is 3-4+, but not in a 2:1 ratio to normal stool flora; i.e. co-dominant, do not report. Do not identify unless requested.1. **MAC, MC25 -**Examine for the presence of lactose negative (NLF) colonies. Perform VITEK MS on suspicious colonies from each plate for enteric screening.
2. **HE**- Examine for the presence of lactose negative (NLF) or H2S colonies. Inoculate MILS tube and a SB plate with one NLF colony. Inoculate a SB plate with one H2S colony. Incubate SB with the “Maldi” subs to be run the next day. CAUTION: VITEK MS cannot be set up directly from HE agar.
3. **MACS-**Examine for sorbitol fermentation. Pick Sorbitol negative suspicious colonies and sub to SB. CAUTION: VITEK MS does not identify *E. coli* 0157:H7, perform VITEK 2 GN card from SB on day 2. If all colonies are sorbitol positive, discard MACS plate after 1 day.
4. **YSA** and/or **Y25-**Look for mannitol fermenters. Work up suspicious colonies from each plate. Inoculate MILS tube and a SB plate with one colony. Incubate with the “Maldi” subs to be run the next day. CAUTION: VITEK MS cannot be set-up directly from the YSA agar.
5. Identify *Ps. aeruginosa*, with VITEK MS and report if in pure culture or predominant (3-4+) with low numbers of Enterobacteriaceae (NENT or 1+) present. Use the codes **PSAR-ISOL-PRED**. Do not quantitate. Do not perform susceptibility testing.
6. Re-incubate primary plates and subcultures. Report culture in progress, “CIP”.
7. **SEL--**After 12-18 incubation, subculture the SEL to MAC and HE. Incubate in ambient air at 35ºC. Discard SEL. Record work-up in Sunquest MRE, W10.

Workups: Wkup# 10 Workup Components Med : SEL SC : MAC, HE (Add Wkld: 2) Desk: SEL Id: SSEL1. **GN—**After 16-24 hours incubation, perform the Shiga-toxin assay, STAT! EHEC.

See separate procedure [*Shiga Toxin Testing EHEC STAT*.](http://khan.childrensmn.org/Manuals/Lab/SOP/Micro/IDTest/209849.pdf)

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| **What to do with MALDI CAUTION: *Escherichia* coli or *Shigella* species readouts on VITEK MS** |
| **If:** MSID = *Escherichia coli* | **Then do:** MILS & SB subculture |
| **If:** MILS tube reactions are any of the following combinations: \*IND (+) MOT (+) LYS (P/P) \*IND (+) MOT (+) LYS (P/Y) \*IND (+) MOT (neg) LYS (P/P) \*IND (neg) MOT (+) LYS (P/Y) \*IND (neg) MOT (neg) LYS (P/P) | Report: **NSSY** |
| For the following combinations: \*IND (neg) MOT (neg) LYS (P/Y) \*IND (+) MOT (neg) LYS (P/Y) | Perform GN ID on VITEK 2 for identification: |

1. Day 2

a. Re-examine CBAP plates, following Day 1 protocol.1. Examine primary SB, CNA, MAC, MC25, HE, YSA, Y25 and SEL subculture plates from the previous day for suspicious colony types, following the Day 1 protocols. Discard primary and SEL subculture plates if there are no suspicious colony types or further work-ups.
2. Perform VITEK MS on suspicious colony types picked the previous day from CNA, HE, MACS, YSA and Y25. Read the MILS tube if needed to rule out *Shigella*. Set up VITEK2 GNI full identification if *Salmonella, Shigella*, or *Yersinia* cannot be ruled out.
3. If VITEK MS identifies *Shigella,* performserological testing as needed.
4. A positive *Shigella* antisera test with highly suspicious colony morphology and MILS reaction of:

Motilitynegative, Indole negative and Lysine negative **(-)(-)(P/Y)**  may be reported as SUMP-SHIG-BCTF, and called to the provider. Use caution, and consult senior techs for assistance. Confirm result with VITEK 2 GN card and GN69 for susceptibilities.1. SB subcultures from the MACS plate—Perform spot Indole test. If positive, do ECA. SUMP E0157-BCTF may be reported if ECA is positive and Indole is positive. VITEK2 GNI must be set up to confirm E0157 or on Indole negative isolates to rule out *Shigella* sp.
2. Set up additional VITEK MS enteric screenings and SB/ MILS tube subs as needed.
3. Re-incubate CBAP for an additional day.
4. Send out preliminary report.
5. Day 3
6. Examine CBAP; discard if negative.
7. Perform VITEK MS on suspicious colony types picked from CNA, HE, MACS, YSA, and Y25 from the previous day. Read the MILS tube if needed to rule out *Shigella*. Set up VITEK2 GNI full identification if *Salmonella, Shigella*, or *Yersinia* cannot be ruled out.
8. If VITEK MS identifies *Shigella,* performserological testing as needed.
9. A positive *Shigella* antisera test with highly suspicious colony morphology and MILS **(-)(-)(P/Y)** may be reported as SUMP-SHIG-BCTF, and called to the provider. Use caution, and consult senior techs for assistance. Confirm result with VITEK 2 GN card and GN69 for susceptibilities.
10. Perform susceptibility testing if appropriate, (see chart section below).
11. Subculture *Salmonella* sp., *Shigella* sp., *E. coli* 0157, *Campylobacter* sp., and *Yersinia enterocolitica* to a Nutrient agar slant to send to MDH.
12. Send updated report or finalize if all results are negative for requested pathogens.
13. Additional days
14. Complete identification, serological and susceptibility testing procedures until all suspicious isolates are finished and/or confirmed.
15. Send updated report and finalize.
16. Submit *Salmonella* sp., *Shigella* sp., *E. coli* 0157, *Campylobacter* sp., and *Yersinia enterocolitica* isolates to MDH, per [reportable disease policy](http://www.health.state.mn.us/divs/idepc/dtopics/reportable/rule/poster.pdf).
17. Save a representative primary plate at room temperature for 7 days in case a physician calls for further studies. Save CBAP in a Campy bag at room temperature.
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| **Interpretation/ Results/Critical Values** | 1. Media differential reactions and interpretation:
2. Campy agar
3. Examine CBAP for gray to pinkish or yellowish gray and slightly mucoid colonies. Some colonies may show spreading along the streak line. As the moisture content decreases, colonies may be round, convex and glistening with little spreading. *Campylobacter* tends to grow into the third and fourth quadrant whereas most of the normal flora will be confined to the first quadrant. Report **SUMP-CAMP-BCTF** and call result as soon as possible—a gram stain suggestive of Campy is sufficient for reporting as presumptive.

Suspicious colony on CBAP (42ºC)↓Gram stain: small curved gram-negative rods↓Report SUMP-CAMP-BCTF↓VITEK MS or VITEK NH card → MDH1. CNA
2. Examine for the presence of beta hemolytic streptococcus group A. Do not quantitate.
3. Examine for the predominance of yeast. Quantitate and report yeast if in a 2:1 ratio to normal stool flora. Do not identify.

Examine for the presence of *S. aureus.* If *Staph aureus* is predominant in the absence of normal stool flora (NENT or only 1+), **and** it is 3-4+ (in 3rd or 4th quadrant), isolate and identify with SLC. Do FOXS for MEC A oxacillin resistance; do not quantitate, report as **MSSA-ISOL-PRED** or **MRSA-ISOL-PRED**. Do not perform susceptibility testing.1. HE agar

1. Expected reactions* *Salmonella* sp.: green to blue-green, usually with black centers
* *Shigella* sp.: usually green rather than blue
* *Salmonella* and *Shigella* sp.: when surrounded by many bright fermenting *Enterobacteriaceae*, colonies may appear faint pink with a green tinge, usually surrounded by a clear halo.
* *Yersinia* sp.: small yellow colonies
1. MAC, MC25 agar
2. Expected reactions
* *Salmonella* and *Shigella* sp.: NLF, colorless
* *Aeromonas*/*Pleisiomonas* sp.: LF, pink or NLF, colorless
* *Yersinia* *enterocolytica*: small, pale or NLF, colorless
1. MACS agar
2. Expected reactions
* *E. coli* 0157: sorbitol negative, colorless
* *Shigella* sp.: sorbitol negative, colorless
1. SB agar
2. Examine for beta-hemolytic colonies. Approximately, 70% of *Aeromonas* are hemolytic*.*
3. YSA, Y25
4. Expected reactions
* *Yersinia* sp: mannitol fermenter, pink center with translucent border (bulls eye)
* *Aeromonas* sp.: mannitol fermenter, pink
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| **Method Performance Specifications** | 1. Cultures will be routinely examined for *Salmonella, Shigella, Campylobacter,* E*. coli* 0157 and predominating numbers (in the absence of normal stool flora—NENT or only 1+) of *S. aureus*, yeast and *Ps. aeruginosa.* Culture for *Yersinia* sp. and *Aeromonas/Plesiomonas* sp. must be specifically requested. The presence of group A Beta streptococci will be reported.
2. Routine susceptibility testing is not indicated for nontyphoidal *Salmonella spp*. isolated from intestinal sources. Use comment SNP (susceptibilities not performed). Perform only on request per provider.
3. Susceptibility testing is indicated for all *Shigella* *spp*. isolates.
4. If susceptibilities are performed, please refer to the following chart: Use KB Gram Negative/Urine Disk Dispenser and Mueller Hinton agar for *Salmonella spp*. isolates and Vitek GNS 69 for other stool pathogens.

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| **Reporting Guidelines****DRUG ↓ BUG →** | *Salmonella. (KB)* | *Shigella (GNS69)* | *Aeromonas (GNS69)*  | *Yersinia (GNS69)* |
| Ampicillin | **YES** | **YES** | **NO** | **NO** |
| Ciprofloxacin | **YES** | **YES** | **YES** | **YES** |
| Ceftriaxone | **NO (only on extraintestinal sources)** | **NO** | **YES** | **YES** |
| Trimeth / Sulfa | **YES** | **YES** | **YES** | **YES** |

1. Typhoidal *Salmonella* (*S. Typhi and S. Paratypi A-C*) isolates: Per CLSI M100 S27 naladixic acid is no longer used to predict fluoroquinolone susceptibility. Ciprofloxacin susceptibility will be performed by Kirby Bauer. Follow CLSI guidelines for correct interpretation of breakpoints.
2. Chloramphenicol is appropriate to report in serious infections.
3. **DO NOT** perform susceptibility testing on *E. coli* 0157.
4. Coagulase-negative staphylococcus is suggested as a cause of NEC in premature infants; however their etiologic role has not been proven. For NICU patients, identify *Staphylococcus* with VITEK MS if predominant and in the absence of normal stool flora (NENT or only 1+). Perform susceptibility testing.
5. *Salmonella* and *Shigella* usually produce typical colonies on the various media, but it must be remembered that their appearance may be altered by growth in close association with other organisms. At times, these pathogens produce colonies of atypical appearance for reasons that are not entirely clear. Even with experience, technologists may be misled by colonial appearance.
6. *Aeromonas* isolates do not require speciation. Report as *Aeromonas sp*.(AERO)
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| **Result Reporting** | 1. If an isolate is identified on MALDI as *Salmonella* group, do not perform susceptibilities unless requested.
2. MALDI identification of *Salmonella typhi* or *Salmonella paratyphi* A-C is not claimed and cannot be reported. Confirm identification with Vitek and perform KB susceptibilities.
3. Presumptive *Shigella* identification cannot be reported by serological methods without confirmatory biochemical tests, at least (-) (P/Y) (-) MILS reactions, **and** typical spreading colony morphology.
4. Positive antisera tests alone are not sufficient to identify ***Shigella sp.*** isolates, because of cross-reacting antigens.
5. **Alert Value:** Report ***Salmonella, Shigella, E. coli***0157 and ***Campylobacter***sp. by telephone to the physician or patient’s nurse. Document in the computer, the person called, credentials and the date and time of the call. If hospitalized, these patients require enteric precautions.
6. CULTURE RESULTS: Record culture results and culture work-ups in Sunquest MRE *Culture Entry* tab in Observations or Workups by using customized keyboards or by entering a code in the result box.
7. If all culture results are negative at 48 hours, send a preliminary report mentioning only the organisms that were requested as follows:

Observations: 1. NO SALMONELLA ISOLATED 2. NO SHIGELLA ISOLATED 3. NO E.COLI 0157:H7 ISOLATED 4. NO CAMPYLOBACTER ISOLATED 5. NO AEROMONAS/PLESIOMONAS ISOLATED 6. NO YERSINIA ISOLATED1. Finalize report at 72 hours after if the CBAP remains negative.
2. In the absence of expected enteric organisms, report NO ENTEROBACTERIACEAE ISOLATED (MO code: **NENT**) on line 1. Report the specific organisms requested on the following lines.
3. Presumptive reporting: Report presumptive results on Campylobacter sp. (typical gram stain) or if the screening results are suggestive for *E coli* 0157:H7 or *Shigella* sp. and the ECA latex or serological testing is positive. Confirm with VITEK MS/VITEK2 GNI.

Observations: 1. PRESUMPTIVE E. COLI 0157:H7 ISOLATED Biochemical confirmation to follow. **(SUMP-E157-ISOL-BCTF)**1. If a stool pathogen is isolated, report on line 1, **XXXX-ISOL**. Add the **SENNR** comment for all MDH reportables.
2. Use the following MO codes or do a keyword look-up by typing a semicolon in the result box and click on the *ellipsis* button. Type in a partial/entire word as follows: SALM. Search on *Description*. Select the desired code by highlighting.

Search valueText code: SALMClick **Search**Search option ○ Code ◙ DescriptionMatched On Code DescriptionSALMONELLA SP SALM SALMONELLA SPECIESClick **Select*** SALMONELLA SP.ISOLATED. Sent to MDH per reporting rules. (**SALM-ISOL-SENNR**)
* SHIGELLA SONNEI (SEROGROUP D) ISOLATED. Sent to MDH per reporting rules(**SHSO-ISOL-SENNR)**
* AEROMONAS SPECIES ISOLATED. (**AERO-ISOL)**
* YERSINIA ENTEROCOLITICA ISOLATED. Sent to MDH per reporting rules **(YENT-ISOL-SENNR)**
* ESCHERICHIA COLI 0157:H7 ISOLATED. Sent to MDH per reporting rules (**E157-ISOL-SENNR**)
* CAMPYLOBACTER JEJUNI ISOLATED. Sent to MDH per reporting rules **(CAMJ-ISOL-SENNR)**
1. Report yeast **only** if it is isolated in a 2:1 ratio to normal stool flora. Quantitate and report as follows:

1. 4+ YEAST ISOLATED IN A 2:1 RATIO TO NORMAL STOOL FLORA.2. NO SALMONELLA ISOLATED3. NO SHIGELLA ISOLATED4. NO E.COLI 0157:H7 ISOLATED5. NO CAMPYLOBACTER ISOLATED1. If a culture for predominate organism is requested, report the predominant organism.

1. (PREDOMINANT ORGANISM)-ISOL-PRED2. NO SALMONELLA ISOLATED3. NO SHIGELLA ISOLATED4. NO E COLI 0157 ISOLATED 5. NO CAMPYLOBACTER ISOLATED1. If no predominate organism is isolated, report as follows:

1. NO PREDOMINANT ORGANISM ISOLATED2. NO SALMONELLA ISOLATED3. NO SHIGELLA ISOLATED4. NO E COLI 0157 ISOLATED 5. NO CAMPYLOBACTER ISOLATED12. If there was a pre-analytical culture set-up error, such as CBAP plate not in the campy bag; no plates for isolating E coli 0157: result the culture with **SPI**, “Specimen processed incorrectly”, and free text a comment referring to “Unable to isolate \_\_\_\_\_”. Call the ordering provider, and add the **CAL** “Called to” comment. Credit in the billing tab. **CRCC** is the code for credit campy. **CREC** is the code for credit E coli 0157.If growth should occur or additional testing should be requested after the culture has been finalized, remove the final status and send out a supplementary report. The code **SRPT** (supplementary report) must be used in SREQ or *Culture Observations* as follows:Updated or new culture information: In the *Culture Entry* tab, enter SRPT on an observation line followed by new results.Requests for additional testing: In the *Misc. Updates* tab, enter SRPT in SREQ followed by the request.* Refinal the culture when identifications and/or testing are complete.
1. If a culture requires a correction, the code **CORR** (corrected report) must be reported on an observation line in the *Direct Exam* or *Culture Entry* tab. Refer to policy [*LABELING ERRORS/SPECIMEN MIX-UPS AND CORRECTING PATIENT DATA*](http://khan.childrensmn.org/Manuals/Lab/SOP/MCVI/Comp/209738.pdf)for Sunquest report entry information.
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| **References** | 1. Pezzlo, M., Section 2. Aerobic bacteriology, 2.8, pg. 90-94. *In* HD Isenberg (Ed) *Essential Procedures for Clinical Microbiology.* 1998, American Society for Microbiology, Washington, D.C.
2. Forbes, B.A., et al., Bailey & Scott’s *Diagnostic Microbiology*, twelfth edition, 2007, Mosby, Inc., St. Louis, MO., pg. 887-889.
3. York, Mary K., et al, Section 1, Aerobic Bacteriology, 3.8.1, *In* Lynne S. Garcia (ed) *Clinical Microbiology Procedures Handbook*, 2010, Vol. 1, American Society for Microbiology, Washington, D.C.
4. Versalovic, James, et al, *Manual of Clinical Microbiology*, 2011, ASM press, American Society for Microbiology, Washington, D.C., Chapters 43, 44 pp 670-695.
5. Gilligan, P.H., J.M. Janda, M.A. Karmali, J.M. Miller, Co. Ed. F.S. Nolte.*Cumitech 12 A,* Laboratory diagnosis of bacterial diarrhea, American Society for Microbiology, Washington, D.C., 1992.
6. Ewing, W.H., 1986, Edwards and Ewing’s *Identification of Enterobacteriaceae,* fourth edition, pg. 37, Elsevier Scientific Publishing Co. Inc., New York.
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| **Appendices** | Appendix A: Enteric Pathogen Screening GuideSUNQUEST WORKLABEL MEDIA FORM DEFINITIONBATTERY: STLCSPEC MEDIA0 CNA,CMP42,MAC,MACS,HE,SEL, GNSTOA SB,CNA,CMP42,MAC,MACS,HE,YSA,SEL,GNSTOE SB,CNA,CMP42,MAC,MC25,MACS,HE,YSA,Y25,SEL,GNSTOP SB,CNA,CMP42,MAC,HE,SEL,GNSTOY CNA,CMP42,MAC,MC25,MACS,HE,YSA,Y25,SEL,GN |
| **Training Plan/ Competency Assessment** | **Training Plan** | **Initial Competency Assessment** |
| 1. Employee must read the procedure
2. Employee will observe trainer performing the procedure.
3. Employee will demonstrate the ability to perform procedure, record results and document corrective action after instruction by the trainer.
 | * 1. Direct observation.
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| **Historical Record** | **Version** | **Written/Revised by:** | **Effective Date:** | **Summary of Revisions** |
| 1.0 | Pat Ackerman | 1973 | Initial Version |
| 1.1 | Pat Ackerman | 10/1981 |  |
| 1.2 | Pat Ackerman | 02/1987 |  |
| 1.3 | Pat Ackerman | 01/1992 |  |  |  |
| 1.4 | Pat Ackerman | 08/04/2003 |  |
| 1.5 | Pat Ackerman | 12/10/2004 |  |
| 1.6 | Pat Ackerman | 11/11/2006 |  Report yeast only if it is isolated in a 2:1 ratio to normal stool flora. |
| 1.7 | Pat Ackerman | 01/11/2008 | Updated Sunquest 6.2 reporting information. Revised SRPT and CORR statements.  |
| 1.8 | Becky Carlson | 04/19/2011 | Reformatted, Updated references, Added EHEC Shiga toxin testing  |
| 1.9  | Becky Carlson | 7/14/2013 | Updated Vitek card informationAdded *Plesiomonas shigelloides* isolate submission to MDH |
| 2.0 | Becky Carlson | 4/16/2015 | Added appendix A; Enteric Pathogen Screening Guide and Enteric Pathogens Flow chart. Re-numbered from MC427 for CMS loading. |
| 3.0 | Becky Carlson | 8/11/2016 | Removed the requirement of picking 2 colonies of each suspicious morphology to work up for screening tests. |
| 4.0 | Becky Carlson | 10/24/2016 | Revised for use of VITEK MS. *Plesiomonas shigelloides* no longer is required to be submitted to MDH.*Salmonella* no longer needs to be confirmed with serotyping.  |
| 5.0 | Susan DeMeyere | 3/28/2017 | Remove naladixic acid for Cipro sens and added KB for *salmonella spp*. sens testing. Add only performing sens on typhoidal *Salmonella spp*. and CAX only on extraintestinal sources. |
| 6.0 | Susan DeMeyere | 4/13/2017 | Added comments regarding MALDI identification and removed Enteric Pathogens Screening Guide |
| 6.0 | Susan DeMeyere | 7/21/2017 | Changed HE media instructions under Culture Examination to reflect that a MILS tube is not needed for H2S colonies.  |
| **Archived by:** |  | **Archived Date:** |  |
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