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| Abscess Culture |
| **Purpose** | This procedure provides instructions for ABSCESS 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 | Infections of the subcutaneous tissues may manifest as abscesses, ulcers or boils. Many microorganisms can be associated with these infections, *Staphylococcus aureus* being the most common in healthy individuals. Many abscesses contain mixed bacteria, which often is dependent on the site of infection. Interpretation of the culture results should be based on the Gram stain criteria and laboratory testing. |
| **Test Code** | AC |
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|  | **Reagents** | **Supplies** | **Equipment** | **Media** |
| **Materials** | * Gram Stain Reagents
 | * Glass Slide (GMST)
* Anaerobic Gas Pack
* Sterile disposable pipette
* Sterile tube
 | * Ambient jar incubator
* Anaerobic jar
* CO2 incubator
* Incinerator
* Inoculating Loop
* Microscope
* Vortex mixer
 | Refer to the Sunquest specimen label for media information. The specimen site determines appropriate media. DEFAULT: ASB2, AKV, SLNE, CHOC, SB, CNA, MAC, GMST, THIO.* Chocolate agar (CHOC)
* Sheep Blood Agar (SB)
* Anaerobic Sheep Blood Agar (ASB2)
* Anaerobic Sheep Blood Agar With Kanamycin and Vancomycin (AKV)
* CNA Agar
* MacConkey Agar (MAC)
* Thioglycollate (THIO)
* Sterile saline 1.0mL (SLNE)
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|  |  | **Related document** |
| Sample | 1. Acceptable specimens
* Pus, fluid or aspirated material.
* Aspirated material is superior to a swab specimen.
1. SDES codes/Specimen type
* The code Sunquest code ABSC cannot be used as a site code. It is considered a source code and will error in Cerner PowerChart.
* State specific site of specimen. If the SDES CODE is unknown, do a keyword look-up at the SDES prompt by clicking the **Result code lookup**button. Type in text and do a search by description. Highlight code and click the **Add to List**button. Select the highlighted code to enter in SDES.

Text: ABDSearch option ○ Code ◙ DescriptionCode DescriptionABD ABDOMENABDF ABDOMINAL FLUID* Free text may be added to the specimen description code by clicking **Free Text** button or typing in a semicolon (;).
* Type free text in the box and click **OK**. This will automatically append the free text on to the SDES code. Click **Select** to save.
1. Specimen Collection and Transport
* Refer to Lab Test Directory – Abscess Culture (Children’s intranet).
1. Specimen assessment
* Refer to the Sample Rejection section of Lab Test Directory – Abscess Culture*.*
1. Special instructions
* Aliquot the appropriate amount of specimen for other requests such as AFB Culture (link on the right) or Fungal culture (link on the right). If there is a small amount of specimen, call the physician to prioritize the tests.
* Do not refrigerate. At lower temperatures there is likely to be more dissolved oxygen, which could be detrimental to anaerobes.
 | [Lab Test Directory – Abscess Culture](http://www.childrensmn.org/Manuals/Lab/MicroBioViral/033027.asp)[Lab Test Directory – AFB Culture](http://www.childrensmn.org/Manuals/Lab/MicroBioViral/033039.asp)[Lab Test Directory – Fungal Culture](http://www.childrensmn.org/Manuals/Lab/MicroBioViral/033252.asp) |
| **Special Safety Precautions** | Microbiologists/virologists are subject to occupational risks associated with specimen handling. Refer to the safety policies:1. [*Biohazard Containment*](file:///%5C%5Ckidsnet.childrenshc.org%5Cchcdfs%5Cdept%5CLAB%5CMicrobiology%5C1NEW%20Micro%20Procedure%20Manual.%20%28same%20as%20in%20Starnet%29%5CMC%20200%20%20%20%20Safety%5CMC%20201%20%20%20Biohazard%20Containment.doc)
2. [*Safety in the Microbiology/Virology Laboratory*](file:///%5C%5Ckidsnet.childrenshc.org%5Cchcdfs%5Cdept%5CLAB%5CMicrobiology%5C1NEW%20Micro%20Procedure%20Manual.%20%28same%20as%20in%20Starnet%29%5CMC%20200%20%20%20%20Safety%5CMC%20202%20%20%20Safety%20in%20the%20Microbiology%20Lab%20Policy.doc)
* [*Biohazardous Spills*](file:///%5C%5Ckidsnet.childrenshc.org%5Cchcdfs%5Cdept%5CLAB%5CMicrobiology%5C1NEW%20Micro%20Procedure%20Manual.%20%28same%20as%20in%20Starnet%29%5CMC%20200%20%20%20%20Safety%5CMC%20204%20%20%20Biohazardous%20spills.doc)
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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. 1. 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.

Always inoculate the culture media first before preparing the slide when using the same pipette.Specimen processingAspirates and exudatesIf specimen is received in a syringe, transfer the entire amount into a sterile tube and mix thoroughly. Vortex on low speed to limit introduction of oxygen.If the specimen is received in a syringe and the volume is small, rinse syringe with a small amount of THIO or sterile saline (SLNE) to remove the specimen from the syringe. Mix well.Place 1-2 drops directly on each plate and into a THIO. Place one drop of specimen on a slide for Gram stain.Spread the specimen on the slide to make a thin film. Poor Gram stain results will occur if the smear is too thick. If the aspirate fluid is clear, use the cytocentrifuge to concentrate the specimen for the smear.Specimens received on swabs1. If anaerobic plates are to be set up, inoculate first by rolling swab over the upper quadrant of each plate.
2. Then place the swab into 1.0 ml of sterile saline and vortex.
3. Squeeze the swab against the side of tube to express remaining fluid and then discard.
4. Place 1-2 drops directly on each plate and into THIO. Place one drop of specimen on a slide for Gram stain
5. Streak plates semiquantitatively for primary isolation.
6. Sterilize the inoculating loop in the incinerator for 5 s to 10 s. Allow the loop to cool.
7. Pass the loop back and forth through the inoculum in the first quadrant several times, covering approximately ¼ of the plate.
8. 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.
9. 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.
10. Incubation

1. Incubate CHOC, SB, and CNA in 4-10% CO2 at 35ºC.
2. Place ASB2 and AKV in anaerobic holding chamber to be closed in an AnaeroPack™ System or GasPak anaerobic bag. Close for 2 days.
3. Place MAC and THIO in ambient air incubator at 35ºC. Hold THIO for 5 days.
4. Gram stain examination

Perform Gram stain and interpret.1. Quantitate PMNS, epithelial cells, histiocytes, bacterial and fungal morphotypes.
2. Blot excess oil from slide. Hold slide for one week.
3. If a Gram stain QA failure should occur, review slide and culture. Hold culture plates an additional day if necessary.
4. Culture examination
5. Day 1
6. Examine aerobic plates and THIO.
7. Plated media
8. Gram stain each colony type and perform initial identification procedures (i.e., catalase, oxidase, etc.).
9. Correlate colony types with the direct Gram stain.
10. Use the initial Gram stain to help determine the extent of work-up required on the culture. The presence of many WBCs indicates an infectious process. Epithelial cells represent contamination.
11. Set up definitive biochemical or identification procedures on significant organisms if well isolated.
12. Perform antimicrobial susceptibility testing on significant organisms if well isolated.
13. Subculture organisms that are not well isolated to appropriate media for further work-up.
14. Rule out MRSA by performing AST or cefoxitin screen.
15. Reincubate primary plates and subcultures for an additional day.
16. Report preliminary results.
17. THIO broth
18. Visually inspect THIO.
19. If positive, smear THIO for 2 consecutive days.
20. Correlate the culture result with the Gram stain of the THIO. Do not subculture the THIO if the smear correlates with the growth on the plates. Discard after 2 days.
21. If there appears to be additional organisms in the THIO that are not on the plates, subculture to appropriate media.
22. Day 2
23. Examine primary plates from the previous day for additional microorganisms.
24. Examine anaerobic plates, compare to aerobic plates, and do appropriate subcultures and identifications.
25. Read and record identification tests and susceptibilities from the previous day.
26. Set up additional tests as needed.
27. Consult senior techs when the identification or extent of the identification is not clear. Delays in identification can affect patient care.
28. Send updated or final report.
29. MRSA isolation requires a “Called to” if not from E.D. (disch.), or a repeat isolate. Freeze isolates for future reference.
30. If there is no growth on the plates, they can be tossed at 2 days. Culture is held open while THIO continues to incubate.
31. Hold negative THIO for 5 days. If no growth in THIO, final the report as “No Growth, 5 days”.
32. Save a representative primary plate, whether a complete work-up was performed or not, at room temperature for 7 days in case a physician calls for further studies.
33. If the culture is from a sterile body site, or is a significant isolate, save plates for 14 days in red save boxes under DSK5.
34. Additional Days
35. Complete identification and susceptibility testing procedures until all significant isolates are finished.
36. Send updated report and finalize.
37. **Send invasive pathogens cultured from sterile sites to MDH for the EIP program. Refer to procedure notes and MDH EIP notice located in the Microbiology Procedure Manual Vol. 1 for further information.**
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| **Limitations** | Specimens are routinely screened for rapid growing anaerobes (e.g., *Bacteroides fragilis* group, *Clostridium perfringens*, *Fusobacterium*, and anaerobic gram-positive cocci). Slow-growing *Mycobacterium* sp. or *Nocardia* sp., which may cause abscesses, will **not** be recovered in routine bacterial cultures even if present, since extended incubation periods or special media are necessary for their isolation. Cultures for these organisms should be specifically requested. |
| **Method Performance Specifications** | 1. Perform definitive identification and susceptibility testing on the following:
2. Any quantity of a **probable pathogen**, i.e., *S. aureus, Ps. aeruginosa,* etc.
3. Predominate to moderate numbers of **potential pathogens** with unpredictable susceptibility patterns such as the *Enterobacteriaceae.*
4. If only one or two species are present or predominant and WBCs are seen on the smear, identify and perform AST.
5. If >2 species with no predominant strain, ID required. Consult caregiver regarding AST.
	* 1. Perform AST on multiple GNRs only on special request.
6. Organisms isolated from **patients with catheter-related infections**.
7. Organisms isolated in **pure culture** and observed in the specimen Gram stain.

2. Because of their known **virulence factors**, report the following:1. Beta-hemolytic streptococci
2. *Clostridium perfringens*
3. Identify and report *Bacteroides* sp., *Fusobacterium* sp. If three or more anaerobe species are present, report “Mixed anaerobic flora, no further identification.”
4. Identify any **yeast** to species level. If yeast in present in small numbers along with mixed flora, no identification is necessary.
5. **Moulds**: Identify all moulds. Perform Lactophenol cotton blue wet mount. If morphology is consistent with Aspergillus species, report as “presumptive Aspergillus”. Send all others to MDH for complete ID.
6. Identify organisms that are **always considered pathogenic**, i.e., *Brucella, Haemophilus, Pasteurella, and Francisella.* These organisms do not grow on MAC. *Francisella* and *Brucella* can be found in lymph node biopsies and are extremely infectious. *Francisella* is a tiny coccobacillus that grows slowly and is catalase positive and oxidase negative. *Brucella* is also a tiny slow growingcoccobacillus that is catalase, oxidase positive and urease positive. Refer to MC 210 *LRN Level A Bioterrorism Laboratory Protocols* for identification procedures.
7. ***Viridans group streptococci* or *enterococci***
	1. Identify at least to the genus level from surgically, invasive specimens.
	2. The anginosis group (“S. milleri”) is often associated with brain and liver abscesses. Identify to the species level.
	3. *S. bovis* is associated with gastrointestinal malignancies.
8. ***Gram- positive rods***
	1. Rule out *Listeria, Erysipelothrix, Bacillus cereus, Bacillus anthracis, Arcanobacterium,* rapid-growing *Mycobacterium,* and *Actinomyces. B. cereus* has been associated with brain and lung abscesses. *B. cereus* is beta-hemolytic and resistant to penicillin.
9. Perform limited identification and no susceptibility testing on **probable skin contaminants**, which include:

Coagulase-negative staphylococci diphtheroidsViridans streptococci *Bacillus* sp. with many epithelial cells / no PMNS1. ***Isolates from sources such as decubitus ulcer, perianal abscess or fistula and intestinal drainage*.**
2. Mixed cultures, more than 3 organisms generally represent contamination or colonization. If the culture grows more than 3 organisms, none which is predominant, report as “MIXED FLORA, no further identification” (**MF**) or “MIXED ANAEROBIC FLORA, No further identification” (**MIXA**).
3. Hold plates for further identification.
4. Exception: If one organism is clearly predominant, perform ID and susceptibility.
5. **Consult with physician on questionable cultures** regarding extent of work-ups and susceptibility testing.
6. AKV plate (CDC anaerobic laked blood plate with kanamycin and vancomycin)
	1. *Bacteroides* and Prevotellagrow on this medium. They may appear low convex or large and mucoid colonies. Color varies from grey to yellow to tan to white.
	2. *Fusobacterium* may occasionally grow.
	3. *Porphyromonas* is often inhibited by the high vancomycin concentration.
	4. Growth is presumptive *Bacteroides* sp*., Prevotella* sp.or *Fusobacterium mortiferum* and needs to be confirmed. A Gram stain and aerotolerance testing must be performed. Yeast and other kanamycin-resistant organisms may grow on this medium.
7. Emerging infections program (EIP): Send invasive pathogens to MDH cultured from sterile sites.

Invasive Pathogens: *Neisseria meningitides* *Haemophilus influenzae* *Beta streptococcus group A* *Beta streptococcus group B* *Streptococcus pneumoniae**Kingella kingae* |
| **Result Reporting** | 1. 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. Report results semiquantitatively, i.e., 1+, 2+, 3+ or 4+.

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| --- | --- | --- | --- |
| Quantity | 1st quadrant# colonies | 2nd quadrant# colonies | 3rd quadrant# colonies |
| 1+ | <10 |  |  |
| 2+ | >10 | <5 |  |
| 3+ | >10 | >5 | <5 |
| 4+ | >10 | >5 | >5 |

1. No growth cultures: Update culture status in the Observation result box (Culture Entry tab), by using the “No Growth” update key (‘). Report as “No growth “*x*” days". Final ( / ) culture at 5 days.
2. Positive cultures

Observations: 1. 4+ STAPHYLOCOCCUS AUREUS Further identification to followWorkups: Wkup # 1 Workup Components Med : SB GMS : STPH Desc : BH SC : SB Id : SAUR SLC : POS VMIC : 1 FOXS : 25-SS DTEST : POSIf growth is only in the THIO, report as:Observations: 1. SCANT GRAM NEGATIVE RODS ISOLATED FROM BROTH ONLY Further identification to follow (**SCAN-GNR-BO-FID**)Workups: Wkup # 10 Workup Components Med : THIO SC : SB MAC (Add Wkld: 2) Desc : CLDY GMS : GMNR ID : GNR1. Gram stains: Report Gram stain results by selecting the *Direct Exam* tab. Follow Gram stain procedure for interpretation and resulting.

Observations: 1. 2+ GRAM POSITIVE COCCI 2. 4+ WBC'S1. Review **Culture Summary** for accuracy before filing report.
2. MRSA isolation requires a “Called to” if not from E.D. (disch.), or a repeat isolate. Document date and time called in computer. Freeze for future reference.
3. 3+ METHICILLIN-RESISTANT STAPH AUREUS \*\*\*MDRO\*\*\*
4. MULTIPLE DRUG RESISTANT ORGANSIM (MDRO): This organism requires SPECIAL CONTACT PRECAUTIONS. Please call Infection Control.
5. \*\*Called to Linda S., RN L8 @ 1300 7/7/03

If 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.

 4. Continued reports: If there are more isolates to report than lines in Sunquest it will be necessary  to create a continued report. In Order Entry, order ACC(Abscess Culture Continued Report), using  the same date/time. Add “SEEC” to the original accession and “RCON” to the new accession. It  will be necessary to free text the new and old accessions after the SEEC and RCON comments. Refer to [MCVI](file:///%5C%5Ckidsnet.childrenshc.org%5Cchcdfs%5Cdept%5CLAB%5CMicrobiology%5C1NEW%20Micro%20Procedure%20Manual.%20%28same%20as%20in%20Starnet%29%5CMC%201200%20%20%20Micro%20new%20employee%20orientation%5CMC%201228%20Cerner%20PowerChart%20Micro%20Training.doc) 5.0 Micro.Viro Computer for complete details. 5. 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* for Sunquest report entry information. |
| **References** | 1. Pezzlo, M., Section 2. Aerobic bacteriology, 2.1 and 2.10. *In* H.D. Isenberg (Ed) *Essential Procedures for Clinical Microbiology.* 1998, American Society for Microbiology, Washington, D.C., pg. 39-50, 102-110.
2. Forbes, B.A., et al., Bailey & Scott’s *Diagnostic Microbiology*, twelfth edition, Mosby, Inc., St. Louis, MO., pg. 896-898.
3. York, M., et al., Section 3, Aerobic bacteriology, 3.13, *In* L.S. Garcia (ed) *Clinical Microbiology Procedures Handbook*, 2010, American Society for Microbiology, Washington, D.C.
4. Jousimies-Somer, H., et al., *Anaerobic Bacteriology Manual*, 2002, Star Publishing Co., Belmont, CA, pg. 184-185.
5. Mangels, J., Section 4, Anaerobic Bacteriology, 4.3-1, *In* L.S. Garcia (ed) *Clinical Microbiology Procedures Handbook*, 2010, American Society for Microbiology, Washington, D.C.
6. *LRN Level A Bioterrorism Laboratory Protocols,* 2013, Minnesota Laboratory System, Sections 4, 5 and 7.
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| **Appendices** | WORKLABEL MEDIA DEFINITION, BATTERY: AC SPEC MEDIA 0 ASB2, AKV, SLNE, CHOC, SB, CNA, MAC, GMST, THIO ANAL SLNE, CHOC, SB, CNA, MAC, GMST |
| **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 | 1978 | Initial Version |
| 1.1 | Pat Ackerman | 01/1992 |  |
| 1.2 | Pat Ackerman | 07/05/2003 |  |
| 1.3 | Pat Ackerman | 07/27/2004 |  |
| 1.4 | Pat Ackerman | 06/02/2007 | Updated Sunquest 6.2 reporting information. Revised SRPT and CORR statements. |  |  |
| 1.5 |  | 01/14/2008 | Added EIP information. |
| 1.6 | Jessica Craig | 05/20/2010 | Updated into online format. |
| 1.7  | Jennifer Johnson | 03/04/2013 | Removed MRSA to MDH; removed CAID testing for yeast |
| 1.8 | Becky Carlson | 12/30/2013 | Added AST consultation. Save policy: sterile body site and significant isolates for 14 days. |
|  | 2 | Becky Carlson | 4/10/2015 | Renumbered from MC 401. Re-formatted for CMS. |
|  | 3 | Susan DeMeyere | 9/1/2017 | Changed reporting to keep culture open while THIO is incubating.  |