

Department of Microbiology Rounds Procedure

I. Purpose

Rounds are performed by the Microbiology Director and/or the Supervisor each day, Monday through Friday. The Director and Supervisor check with the staff in each processing and testing area of the lab. This provides an opportunity for consultation regarding any unusual, infrequent, or significant findings. It also provides an opportunity for staff to address any issues that arise with the testing process.

II. Specimen Information

The following cultures or situations must be presented on Rounds Monday through Friday. Testing that occurs on evenings or weekends should be held for review during the next Rounds.

- A. All positive CSF cultures.
- B. All positive kidney and suprapubic taps.
- C. Proficiency testing samples if the isolate would normally be presented on rounds.
- D. Unusual or infrequent organisms:
 - 1. *Bacillus* species
 - 2. *Bartonella*
 - 3. *Brucella* species
 - 4. *Campylobacter* species
 - 5. *Capnocytophaga* species
 - 6. *Corynebacterium jeikeium*
 - 7. HACEK organisms (*Haemophilus aphrophilus*, *Actinobacillus actinomycetemcomitans*, *Cardiobacterium*, *Eikenella*, and *Kingella*)
 - 8. *Francisella tularensis*
 - 9. *Legionella* species
 - 10. *Listeria monocytogenes*
 - 11. *Neisseria gonorrhoeae*
 - 12. *Neisseria meningitidis*
 - 13. *Nocardia* species
 - 14. *Pasteurella multocida*
 - 15. *Vibrio* species
 - 16. *Yersinia* species
 - 17. Any other rarely isolated organisms
 - 18. Possibly significant anaerobes
 - 19. Positive AFB's
 - 20. All mold isolates
 - 21. O&P exams positive for pathogenic parasites
 - 22. Parasite ID (worms, arthropods, etc.)
- E. Any other cultures as directed by the Supervisor.
- F. Mixed cultures from sterile body sites and other problematic mixed cultures.
- H. All positive eye cultures (i.e. all vitreous fluid isolates, any eye culture growing *Pseudomonas* or *Bacillus*).
- I. Specimens that were processed following consultation.

- J. *N. gonorrhoeae* isolated from a child < 16 years old.
- K. Stools or bloods positive for *Salmonella*, *Shigella*, *Campylobacter*, *E. coli* 0157, *Yersinia*, *Vibrio*, *Aeromonas*, or *Plesiomonas*.
- L. Stools positive for Shiga toxin.
- M. Isolation of clusters of organisms suggestive of an epidemic (i.e., *Salmonella*, *Shigella*, *Flavobacterium*, *Serratia*, beta-hemolytic strep).
- N. Yeast isolates that yield equivocal AST results due to insufficient growth or trailing or that test resistant to either anti-fungal agent.
- O. All organisms that fail to identify by the Phoenix.
- P. All specimens with special handling stickers.
- Q. Requests for *Actinomyces* culture.
- R. All CF (cystic fibrosis) cultures with possible *Burkholderia cepacia* and other non-fermenters.
- S. Resistant organisms including, vancomycin-resistant *Enterococcus*, vancomycin-resistant *Staph aureus*, and carbapenem-resistant Enterobacteriaceae.
- T. All Modified Hodge tests that are not obviously negative.
- U. Any drug/bug combination that is unusual or inconsistent, such as imipenem-resistant *E. coli*, ampicillin-susceptible *Klebsiella*, *Citrobacter* or *Enterobacter*, or a ceftazidime-resistant *E. coli* or *Klebsiella* isolate that is susceptible to other beta-lactams.
- V. Cultures of specimens from sites of invasive procedures, such as a surgical incision, that represents potentially opportunistic infections but organisms were not seen in the direct smear (see Wound Procedure mixed flora exceptions).

III. Procedure for Presenting Cultures & Findings

- A. Have on hand to show and be able to describe findings for:
 1. Direct smear
 2. Secondary smear(s) if helpful in assessing culture
 3. All plates and biochemicals
- B. Begin at the beginning with the history of the work performed on the culture and follow through to be present. The technologist should be able to reconstruct what the previous technologist(s) did and present the entire history of the culture.
- C. Be knowledgeable about previous cultures from the patient, as well as more recent cultures (especially blood cultures).

IV. Reporting and Documentation

- A. Any testing that is subjected to Rounds consultation should receive an internal note that the Director and/or Supervisor were consulted.
- B. Tests that are undergoing additional workup should not be finalized without a follow-up Rounds consultation.