PROGRAM Standard Operating Procedure – Laboratory Services	
Title: MIC34400 – Tip Culture	Policy Number:
Program Name: Laboratory Services	
Applicable Domain: Lab, DI and Pharmacy Services	
Additional Domain(s): NA	
Effective Date:	Next Review Date:
Issuing Authority: Director, Laboratory and Diagnostic Imaging Services	Date Approved:
Accreditation Canada Applicable Standard: NA	

Uncontrolled When Printed

GUIDING PRINCIPLE:

Intravascular (intra-arterial or intravenous) catheter insertions cause a break in the skin barrier that is prone to infection. The continued presence of this foreign body predisposes further to infection, which can result from colonization of the catheter by the cutaneous microbiota. Since infected catheters are usually exposed directly to sterile spaces, there is a risk that the infection will result in bacteremia. Intravascular catheter related infections are a major cause of morbidity and mortality. Central catheter infections may manifest as infection at the skin insertion site, as cellulites along the soft tissues overlying the tunnelled portion or as bacteremia. Bacteremia occurs secondarily to infection of the central catheter or as a manifestation of more serious complications.

PURPOSE/RATIONALE:

This standard operating procedure describes how to determine the significance of growth in tip specimens.

SCOPE/APPLICABILITY:

This procedure applies to Medical Laboratory Technologists (MLTs) processing specimens for catheter tip culture.

SAMPLE INFORMATION:

Type	Sterile container
Source	Intravascular catheters including: central, CVC, Hickman, Broviac, peripheral, arterial, jugular, femoral, subclavian, umbilical, hyperalimentation, hemodialysis, port-a-cath and swan-Ganz catheters

Stability	If the sample is received in the laboratory and processed greater than 48 hours from collection: • Add specimen quality comment "Delayed transport may have compromised the recovery of organism"
Storage Requirements	Refrigerated
Criteria for rejection	1. Unlabeled/mislabeled specimen 2. Specimen container label does not match patient identification on requisition 3. Foley catheter tips are not acceptable for culture – request a urine specimen 4. Chest tube tips and abdominal drain tips 5. Catheter tips should not be placed in saline or transport medium

NOTE:
- Tips from total parenteral nutrition (TPN) lines or hyperalimentation lines: After processing, send to APL for *Malassezia furfur* (Fungus culture)

REAGENTS and/or MEDIA:
- Blood agar (BA) and MacConkey agar (MAC)
- Identification reagents: catalase, oxidase, Staph latex test, Strep latex test, etc.

SUPPLIES:
- Disposable inoculation needles
- Wooden sticks

EQUIPMENT
- Biosafety cabinet
- 35° ambient air and 37° CO_2 incubators
- VITEK 2 and supplies

SPECIAL SAFETY PRECAUTIONS:
Containment Level 2 facilities, equipment, and operational practices for work involving infectious or potentially infectious materials or cultures:
- Ensure that appropriate hand hygiene practices be used
- Lab gown must be worn when performing activities with potential pathogens
- Gloves must be worn when direct skin contact with infected materials is unavoidable
- Eye protection must be used when there is a known or potential risk of exposure of splashes
- All procedures that may produce aerosols, or involve high concentrations or large volumes should be conducted in a biological safety cabinet (BSC)
- The use of needles, syringes and other sharp objects should be strictly limited

All patient specimens are assumed to be potentially infectious. Routine Practices must be followed. Since viable micro-organisms are used, all cultures must be handled with appropriate precautions. All equipment in contact with cultures should be decontaminated by appropriate methods.

QUALITY CONTROL:

- Refer to Test Manual for reagent quality control procedures

PROCEDURE INSTRUCTIONS:

Step	Action
Processing specimens for catheter tip culture	
1	In the biosafety cabinet: • Roll the catheter tip back and forth across the entire surface of Blood agar using a sterile needle, exerting slight downward pressure. Repeat with MacConkey agar **NOTE:** If the tip is too long, cut the end closest to the top of the tube (proximal end) with sterile scissors prior to rolling on the plate
2	If the specimen is from a patient on total parenteral nutrition or is the catheter tip from a hyperalimentation line, culture for *Malassezia furfur* should also be performed. Refer specimen to APL for fungus culture after C&S processing has been completed.
3	Incubate the media: • Place BA in the CO_2 incubator • Place MAC in the O_2 incubator

Probable Pathogens^	
• *Staphylococcus aureus* • β-hemolytic *Streptococcus* • Enterobacterales • *Enterococcus* spp.	• *Malassezia furfur* • *Pseudomonas* spp. • *Yeast* spp.
Possible Pathogens^	
• Coagulase-negative *Staphylococci* • *Corynebacterium* spp.	• *Micrococcus* spp. • viridans *Streptococcus* grp.

INTERPRETATION OF RESULTS:

Step	Action	
1	• Observe BA plate at 24 hours and 48 hours • Observe MAC plate at 24 hours • Count each type of colony isolated. Only enumerate the growth on the BA as MAC is only used to provide separation of colony types	
2	**IF**	**THEN**
	>15 CFU	• Identify to the genus level
	<15 CFU	• Identify only significant pathogens • Susceptibility testing should be performed even on organisms identified from the patient's blood culture

REPORTING INSTRUCTIONS:

IF	REPORT
No growth after 2 days	**FINAL:** • Report: "**No Growth after 2 Days"**
Probable Pathogen isolated **>15 CFU**	• Report organism identification under the isolates tab • Report quantitation as actual number of colonies counted. If organism is too numerous to count, report as >100 colonies • Report susceptibility results as per ASTM
Gram-positive bacilli isolated **>15 CFU**	• Report as **"Corynebacterium spp."** if organism resembles diptheroids on gram stain and culture reactions are appropriate (catalase +) in the isolates tab • Report quantitation as actual number of colonies counted. If organism is too numerous to count, report as >100 colonies • Do not perform or report susceptibility testing
Mixed skin flora isolated: (CNS, diptheroids) **>15 CFU**	• Report as **"Mixture of skin flora"** • Report quantitation as actual number of colonies counted. If organism is too numerous to count, report as >100 colonies • Do not perform or report susceptibility testing
Pure culture of skin flora isolated **>15 CFU**	• Report minimal identification, (e.g., staphylococci spp., or Gram-positive bacilli) under the isolates tab • Report quantitation as actual number of colonies counted • Do not perform or report susceptibility testing
Probable Pathogen isolated: **<15 CFU**	• Report organism identification under the isolates tab • Report quantitation as actual number of colonies counted • Report susceptibility results as per ASTM
Mixed skin flora isolated: (CNS, diptheroids) **<15 CFU**	• Report as **"Mixed skin flora, <15 colonies"**
Pure culture of skin flora isolated **<15 CFU**	• Report minimal identification, (e.g., staphylococci spp., or Gram-positive bacilli) • Report quantitation as actual number of colonies counted • Do not perform or report susceptibility testing

NOTE:

- If Gram-negative bacilli or *Staphylococcus aureus* is isolated and NO blood culture was submitted, add isolate comment **&TIP**

LIMITATIONS:

1. Sensitivity of semi-quantitative catheter tip cultures is estimated to be 85% in diagnosis of catheter-related bacteremia, but the specificity to diagnose catheter-related sepsis is low.
2. A negative tip culture does not eliminate the possibility of an infection. For example, infections of the catheter hub lumen may be missed by culture of only the tip.
3. Efforts to diagnose catheter-related sepsis using unpaired blood cultures drawn from the catheter are less sensitive than tip cultures.
4. Catheter tips impregnated with antiseptics may inhibit the ability of the organism to grow.

CROSS REFERENCES:

NA

REFERENCES:

1. Leber, A. (2016). *Clinical microbiology procedures handbook.* (4th ed.) Washington, D.C.: ASM Press
2. Jorgensen J.H., Pfaller M.A., Carroll K.C., Funke G., Landry M.L., Richter S.S., Warnock D.W. (2015). *Manual of Clinical Microbiology, 11th edition*. Washington, D.C: ASM Press

APPROVAL:

_____

Date

_____

REVISION HISTORY:

REVISION	DATE	Description of Change	REQUESTED BY
1.0	05 Feb 18	Initial Release	L. Steven
2.0	22 Feb 21	Procedure reviewed and added to NTHSSA policy template	L. Steven
3.0	27 Feb 23	Procedure reviewed	L. Steven