## TRAINING UPDATE

**Lab Location: Department:** 

SGMC & WAH Core Lab Date Distributed:
Due Date:
Implementation:

9/28/2016 10/12/2016 **10/12/2016** 

## **DESCRIPTION OF PROCEDURE REVISION**

Name of procedure:

Positive Blood Culture Worksheet AG.F211.1

**Description of change(s):** 

Updated to match practice

This revised LOG will be implemented on October 12, 2016

Document your compliance with this training update by taking the quiz in the MTS system.

Positive Blood Culture Worksheet  Date of positive:  Circle Type of Bottle: AER ANA PED		Patient Label that includes Accession number, Patient Name, Med. Rec #, Date and time collected,	
			Date and time received, Patient location
		Gram stain result:	
Second tech Gram stain resor	sult:	Tech code:	
Accession # of previously reviewed Gram stain showing same results from same patient		Accession#:	
Called to and readback by:			
If patient is discharged, a	Il shifts must call ordering physician:	Date and time called:	
Physician name:		Physician phone number:	
Date and time of returned of	all if answering service is reached:		
Physician Name:			
If <b>NOS</b> : Date/Time plates in	S or XIDSN if organisms are seen or cubateducubatedures as Final No Growth until incubate	Read NOS plates each shift. 48h for AER, 72h for ANA	
David Ohitt		ion of NOS plates is complete.	
Day Shift		·	
Day Shift Plates checked:	Evening Shift Plates checked:	Night Shift Plates checked:	
-	Evening Shift Plates checked:	Night Shift Plates checked:	
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AG.F211.1 Rev 9.22.16

Comments: