**Monitoring Blood Cultures for Adequate Blood Volumes - Form A: Daily Log, PSCs and All Hospital Affiliates**

**P=**Pediatric Bottle: 0.5-4 mL **A=**Aerobic Bottle: 5-10 mL **AN=**Anaerobic Bottle: 5-10 mL

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Patient Aliquot Label** | **Bottle Type:****P, A, AN** | **Tech Code or Initials of Collector** | **Volume Adequate**Under: **PEDI**Over: **OVER** | **Feedback Needed?** | **Monitor’s Initials and Date** | **Shift** | **Feedback Action Taken?****(for supervisor)** |
|  |  |  |  Acceptable Under-filled  Over-filled | NO / YES**If YES, feedback to:**Lab (location): \_\_\_\_\_\_\_\_\_Nursing (dept): \_\_\_\_\_\_\_\_\_ |  |  | Y / N |
|  |  |  |  Acceptable Under-filled  Over-filled | NO / YES**If YES, feedback to:**Lab (location): \_\_\_\_\_\_\_\_\_Nursing (dept): \_\_\_\_\_\_\_\_\_ |  |  | Y / N |
|  |  |  |  Acceptable Under-filled  Over-filled | NO / YES**If YES, feedback to:**Lab (location): \_\_\_\_\_\_\_\_\_Nursing (dept): \_\_\_\_\_\_\_\_\_ |  |  | Y / N |
|  |  |  |  Acceptable Under-filled  Over-filled | NO / YES**If YES, feedback to:**Lab (location): \_\_\_\_\_\_\_\_\_Nursing (dept): \_\_\_\_\_\_\_\_\_ |  |  | Y / N |
|  |  |  |  Acceptable Under-filled  Over-filled | NO / YES**If YES, feedback to:**Lab (location): \_\_\_\_\_\_\_\_\_Nursing (dept): \_\_\_\_\_\_\_\_\_ |  |  | Y / N |
|  |  |  |  Acceptable Under-filled  Over-filled | NO / YES**If YES, feedback to:**Lab (location): \_\_\_\_\_\_\_\_\_Nursing (dept): \_\_\_\_\_\_\_\_\_ |  |  | Y / N |
|  |  |  |  Acceptable Under-filled  Over-filled | NO / YES**If YES, feedback to:**Lab (location): \_\_\_\_\_\_\_\_\_Nursing (dept): \_\_\_\_\_\_\_\_\_ |  |  | Y / N |
|  |  |  |  Acceptable Under-filled  Over-filled | NO / YES**If YES, feedback to:**Lab (location): \_\_\_\_\_\_\_\_\_Nursing (dept): \_\_\_\_\_\_\_\_\_ |  |  | Y / N |

**Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Review: \_\_\_\_\_\_\_\_\_\_**