Non-immunocompromised ICU patients with suspected infection

Clinical / laboratory signs of acute organ dysfunction or shock

- Obtain cultures
- Initiate antibiotic therapy if infection is the most likely diagnosis and maintain antibiotics while alternative diagnoses are investigated and until culture results are available
- Consider using PCT or CRP to guide decision to initiate or stop antibiotics (see below)

Assessment after 5 full days of antibiotics
- No signs of active infection, SOFA decreasing
  
  and

  - PCT decrease ≥90% and/or CRP decrease ≥50%

  No

  Daily biomarker measurement
Stop antibiotics when:
- PCT decrease ≥90%
- CRP decrease ≥50%

or
After 7 full days of antibiotics

Consider stopping antibiotics earlier if an alternative diagnosis to infection is obtained

Yes

Stop antibiotic therapy

Assessment after 3 full days of antibiotics
- No signs of active infection, SOFA decreasing
  
  and

  - PCT < 0.1 ng/ml and/or CRP < 30 mg/ml

Yes

- Obtain cultures
- Initiate antibiotic therapy if infection is the most likely diagnosis and maintain antibiotics while alternative diagnoses are investigated and until culture results are available
- Consider using PCT or CRP to guide decision to initiate or stop antibiotics (see below)

Initial PCT < 1.0 ng/ml and/or Initial CRP < 100 mg/ml

Yes

Daily biomarker measurement
Stop antibiotics when:
- PCT < 0.1 ng/ml
- CRP < 30 mg/ml

or
After 7 full days of antibiotics

No

No