NHSN
NATIONAL HEALTHCARE SAFETY NETWORK

Form Approved
OMB No. 0920-0666
Exp. Date: 12/31/26
www.cdc.gov/nhsn

Becton Dickinson BACTEC™ Blood Culture Media Bottles Shortage Impact Questionnaire

*required for completion

Background: The FDA announced supply interruptions for BD BACTEC™ blood culture media bottles due to supplier issues, impacting patient diagnosis, follow-up care, and antimicrobial stewardship efforts. Facilities and healthcare providers are advised to conserve the supply for high-risk patients.

More Information:

- FDA's Disruptions in Availability of BD BACTEC Blood Culture Media Bottles - Letter to Health Care Providers
- CDC's Disruptions in Availability of BD BACTEC Blood Culture Bottles: Current Situation

Purpose of this Questionnaire:
This inquiry aims to assess the shortage's impact on facilities and bloodstream infection surveillance.

Please answer the following questions regarding the impact on your facility:

1. Did your facility use the BD BACTEC™ Blood Culture System anytime during the potential shortage during 2024?* Yes/No
2. Was your facility impacted by the shortage of BD BACTEC™ blood culture media bottles?* Yes/No
    a. If yes, indicate which of the following blood culture bottles were impacted? (check all that apply)

	Product Name
	BD BACTEC™ Peds Plus™/F Culture Vials
	BD BACTEC™ Lytic/10 Anaerobic/F Culture Vials
	BD BACTEC™ Plus Anaerobic/F Culture Vials
	BD BACTEC™ Plus Aerobic/F Culture Vials
	BD BACTEC™ Standard Anaerobic/F Culture Vials
	BD BACTEC™ Standard/10 Aerobic/F Culture Vials
	BD BACTEC™ Myco/F Lytic Culture Vials

Form Approved
OMB No. 0920-0666
Exp. Date: 12/31/26
www.cdc.gov/nhsn

3. During the specified month, what was your facility's **lowest supply** of blood culture media bottles (in days on hand)? *

Product Name	Days on Hand per Month					
	Prior to the Shortage	June	July	August	September	October
BD BACTEC™ Plus Aerobic/F Culture Vials						
BD BACTEC™ Lytic/10 Anaerobic/F Culture Vials						
BD BACTEC™ Peds Plus™/F Culture Vials						
BD BACTEC™ Plus Anaerobic/F Culture Vials						
BD BACTEC™ Standard Anaerobic/F Culture Vials						
BD BACTEC™ Standard/10 Aerobic/F Culture Vials						
BD BACTEC™ Myco/F Lytic Culture Vials						

4. Did your facility implement a plan to mitigate the impact of the blood culture bottle shortage?* Yes/No
    a. If Yes, which of the following strategies were included? (Check all that apply)

Strategy Implemented	Yes/No	Month Started	Month Stopped
i. Collaboration with Other Facilities			
a) Partnering with a nearby facility or sending samples out to a laboratory not affected by the shortage			
ii. Diversification of Diagnostic Resources			
a) Using non-culture-based microbiology testing (NCT)			
b) Purchasing another blood culture system/instrument			
c) Developing a new internal process to culture blood samples (for example, manual blood cultures)			
iii. Extended Collection Intervals			
a) Increasing the recommended timeframe between blood culture collection			
iv. Extended Use			
a) Using expired blood culture bottles (beyond the parameters set forth by the manufacturer)			
v. Inventory Management Adjustments			
a) Limiting or encouraging the use of a single set (1 aerobic and 1 anaerobic bottle)			
b) Limiting or encouraging the use of a single aerobic bottle			
c) Limiting or encouraging the use of a single anaerobic bottle			
d) Using a bottle for a purpose other than its intended function (for example, using pediatric bottles for adult patients or vice versa; using anaerobic bottle for aerobic by venting the bottle)			

Form Approved
OMB No. 0920-0666
Exp. Date: 12/31/26
www.cdc.gov/nhsn

vi. Prioritization of Critical Cases			
a) Prioritizing certain populations (for example, high-risk or critical patients)			
b) Implementing a triage system to determine which cases require blood cultures and which can be managed without them			
vii. Other, Specify			

5. In the table below, indicate the impact of the blood culture bottle shortage and the mitigation strategies implemented by your facility by month.*

Impact of Blood Culture Bottle Shortage and Mitigation Strategy Implementation	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**
a. To what extent did the blood culture bottle shortage impact your facility's ability to maintain inventory at or above the established Periodic Automatic Replenishment (PAR) level? (Select one of the options below for each month)					
1) **No Impact:** Our facility consistently maintained inventory at or above PAR level.					
2) **Minor Impact:** Our facility occasionally fell below PAR level but were recovered quickly.					
3) **Moderate Impact:** Our facility frequently fell below PAR level, affecting routine operations.					
4) **Severe Impact:** Our facility was unable to maintain inventory at PAR level, leading to significant disruptions in patient care.					
b. For the months your facility indicated the impact was Minor, Moderate, or Severe to the facility's blood culture bottle inventory due to the shortage what was the impact on your facility's standard practice for blood culture bottle use? (Select one of the options below for each month)					
1) **No Change:** Our facility maintained standard practices for blood culture bottle use without any adjustments.					
2) **Slight Adjustment:** Minor changes were made to blood culture bottle use.					
3) **Moderate Adjustment:** Noticeable changes were made to blood culture bottle use.					
4) **Significant Adjustment:** Major modifications were made to blood culture bottle use.					
5) **Severe Adjustment:** Drastic changes were made to blood culture bottle use.					