

## VIDAS® B•R•A•H•M•S PCTTM INTERPRETATION OF RESULTS

S E P S

# EVALUATE Assess sepsis risk & severity High risk for pr

High risk for progression2.0 ng/mLto severe sepsis and/or septic shock

0.5–2.0 ng/mL Sepsis should be considered

Low risk for progression< 0.5 ng/mL</li>to severe sepsis and/or septic shock

## 2 MONITOR

Assess risk over time

Test follow-up samples once every 1-2 days, based upon physician discretion, to support decision to discontinue antibiotic therapy.

## 3 DISCONTINUE

**Assess when to discontinue antibiotics** 

 $\leq$  0.5 ng/mL or  $\Delta$ PCT > 80%

Discontinuation of antibiotics is encouraged



# 1 EVALUATE

**Determine if antibiotics are necessary** 

> 0.5 ng/mL Antibiotics are strongly encouraged

0.26-0.5 ng/mL Antibiotics are encouraged

0.1-0.25 ng/mL Antibiotics are discouraged

< 0.1 ng/mL Antibiotics are strongly discouraged

#### 2 MONITOR

**Assess therapy effectiveness over time** 

Test follow-up samples once every 1-2 days, based upon physician discretion, to support decision to discontinue antibiotic therapy.

#### 3 DISCONTINUE

**Assess when to discontinue antibiotics** 

 $\leq$  0.25 ng/mL or  $\Delta$ PCT > 80%

Discontinuation of antibiotics is encouraged

Antibiotic therapy should be considered regardless of PCT result if the patient is clinically unstable, is at high risk for adverse outcome, has strong evidence of bacterial pathogen, or the clinical context indicates antibiotic therapy is warranted.

\*Lower Respiratory Tract Infection