

Non-immunocompromised ICU patients with suspected infection

No

Clinical / laboratory signs of acute organ dysfunction or shock

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<sup>2</sup> or stop antibiotics (see below)

- Obtain cultures
- Initiate antibiotic therapy within 1 hr

No

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

Yes

**Assessment after 5 full days of antibiotics**

- No signs of active infection, SOFA decreasing
- and**
- PCT decrease  $\geq 90\%$  **and/or** CRP decrease  $\geq 50\%$

No

**Daily biomarker measurement  
Stop antibiotics when:**

- PCT decrease  $\geq 90\%$
- CRP decrease  $\geq 50\%$

**or**

After 7 full days of antibiotics

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

Yes

**Stop antibiotic therapy**

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

Yes

**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

No<sup>1</sup>

**Daily biomarker measurement  
Stop antibiotics when:**

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

**or**

After 7 full days of antibiotics