STAPHYLOCOCCUS AUREUS BACTEREMIA

Staphylococcus aureus isolated in the blood is rarely considered a contaminant. Formal ID consultation is recommended for all patients with S. aureus bacteremia.

Patients with S. aureus bacteremia should have the following completed:

- Determine the foci of infection
- Eliminate or debride the foci of infection as early as possible
- Draw repeat blood cultures every 48 hours until clearance of bacteremia is documented
- Consider a transesophageal echocardiogram (TEE) to assess for endocarditis
- Duration of therapy:
  - Uncomplicated bacteremia\(^a\): at least 2 weeks
  - Complicated bacteremia: at least 4 weeks (endocarditis: 6 weeks; osteomyelitis: 8 weeks)

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<th>Preferred agent(^b)</th>
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<td><strong>MRSA</strong></td>
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| Vancomycin (goal trough: 15-20 for complicated bacteremia, 10-15 for uncomplicated bacteremia\(^a\)) | Ceftaroline 600mg IV q8h\(^c\)  
Daptomycin 8mg/kg IV q24h\(^c\)  
Linezolid 600mg IV/PO q12h | Adequate trial of vancomycin\(^d\)  
and formal ID consultation is recommended prior to use of an alternative agent. |
| **MSSA**              |                          |       |
| Cefazolin 2g IV q8h or 6g IV over 24h (continuous infusion)\(^c\) | Oxacillin 2g IV q4h or 12g IV over 24h (continuous infusion) | Intravenous beta-lactam therapy has been associated with improved clinical outcomes over vancomycin for MSSA bacteremia. |

\(^a\)Uncomplicated bacteremia is defined as exclusion of endocarditis; no implanted prostheses; negative follow-up blood cultures obtained 2-4 days after the initial set; defervescence within 72h of initiating effective therapy; and no evidence of metastatic sites of infection.

\(^b\)Doses should be adjusted for renal function, as appropriate

\(^c\)Not preferred for CNS infection

\(^d\)Not effective for respiratory infections

\(^e\)Adequate vancomycin trial: 7 days of therapy with adequate vancomycin levels documented

References


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