STAPHYLOCOCCUS AUREUS BACTEREMIA

Staphylococcus aureus isolated in the blood is rarely considered a contaminant. Formal ID consultation is required at Jefferson Highway for all patients with S. aureus bacteremia and has been associated with reduced morbidity and mortality.

Patients with S. aureus bacteremia should have the following completed:
- Determine the primary and any potential secondary 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: at least 2 weeks
  - Complicated bacteremia: at least 4 weeks (endocarditis: 6 weeks; osteomyelitis: 8 weeks)

<table>
<thead>
<tr>
<th>Preferred agent</th>
<th>Alternative agents</th>
<th>Notes</th>
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<tbody>
<tr>
<td>MRSA</td>
<td>Vancomycin</td>
<td>Adequate trial of vancomycin and formal ID consultation is recommended prior to use of an alternative agent.</td>
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<tr>
<td></td>
<td>Ceftaroline 600mg IV q8h</td>
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<td>Daptomycin 8mg/kg IV q24h</td>
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<td>Linezolid 600mg IV/PO q12h</td>
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<td>MSSA</td>
<td>Cefazolin 2g IV q8h or 6g IV over 24h (continuous infusion)</td>
<td>Intravenous beta-lactam therapy has been associated with improved clinical outcomes over vancomycin for MSSA bacteremia.</td>
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<td>Oxacillin 2g IV q4h or 12g IV over 24h (continuous infusion)</td>
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- 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.
- Doses should be adjusted for renal function, as appropriate
- Not preferred for CNS infection
- Not effective for respiratory infections
- Adequate vancomycin trial: 7 days of therapy with adequate vancomycin levels documented

References

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