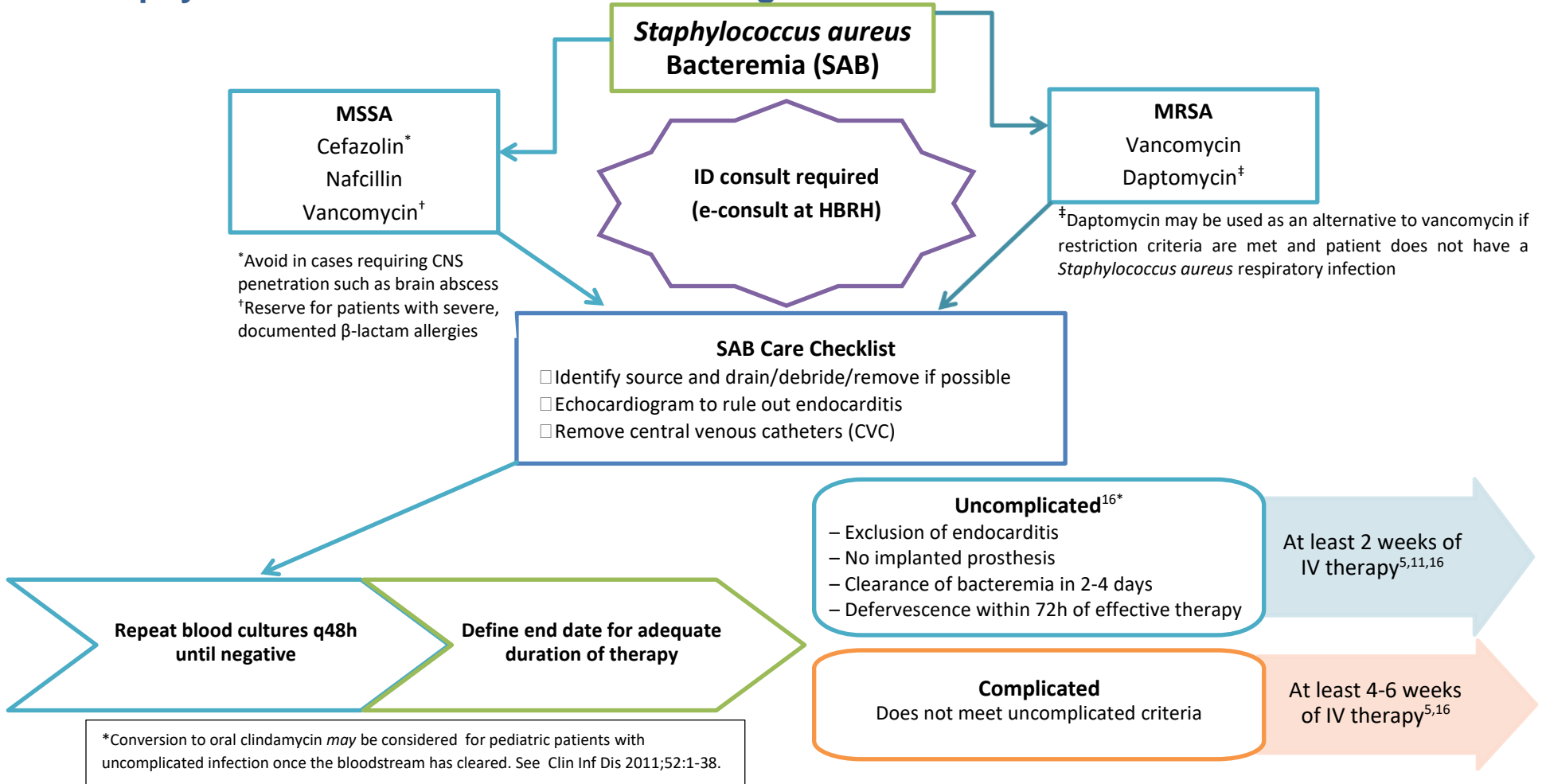


Carolina Antimicrobial Stewardship Program | UNC Hospitals
Staphylococcus aureus Bacteremia Management



Background:

- *Staphylococcus aureus* bacteremia (SAB) is associated with high morbidity and mortality and suboptimal management of SAB is associated with poor patient outcomes^{4,6}
- *Staphylococcus aureus* isolated in the blood is rarely considered a contaminant²⁰
- Studies have demonstrated that ID consultation in the management of SAB is associated with decreased relapse rates and mortality^{3,7,9,10,13}
- Persistent bacteremia (positive culture ≥ 3 days after starting effective antimicrobial therapy) is a strong predictor for metastatic infection or endocarditis and should prompt an in-depth investigation^{6,20}
- Retention of infected central venous catheters, fluid collections, and prosthetic devices (including pacemakers) in the setting of SAB has been associated with prolonged bacteremia, treatment failure, and death²⁰

Care Management Checklist

- Effective empiric therapy commenced same day as positive microscopy
- ID consult strongly recommended
- Drain/debride/remove the foci of infection as early as possible
- Removal of CVCs if feasible
- Echocardiography
- Draw repeat blood cultures every 48 hours until clearance of bacteremia is documented
- Adequate duration of therapy defined

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