

Staph Aureus Bacteremia

- Management
 - Echocardiogram
 - Consult ID: Fewer deaths, fewer relapses, and lower readmission rates
 - Initiate antibiotics
- Diagnose Endocarditis: 2 Major, 1 Major + 3 minor, 5 minor
 - Major: Typical bacteremia (e.g., Staph aureus, enterococcus, strep viridans, strep gallolyticus, HACEK group), Echocardiographic evidence (oscillating vegetation, abscess, valve dehiscence)
 - Minor (A-F-I-V-E-R): Atypical bacteremia, Fever, Immunologic phenomena (e.g., osler nodes, roth spots, +RF), Vasculitic phenomena (e.g., janeway lesions, splinter hemorrhages, emboli), fever, Echo findings suggestive (not definitive), Risk factors (e.g., heart condition, IV drug use)
- Management of Endocarditis
 - Surgery indications (Let's H-A-R-P on it)
 - Large (>1 cm)
 - Heat failure (acute)
 - Abscess or new conduction disease
 - Recurrent emboli
 - Persistence (>5-7 days) or resistance (e.g., fungal, VRE, MDROs)
 - Duration of antibiotics: Minimum 14 days, often longer (coordinate with ID)
 - Antibiotic selection for Staph aureus endocarditis
 - MRSA: Vancomycin or daptomycin
 - MSSA: Nafcillin or Cefazolin