



GPC to Staph Journey

1/2 Blood Cultures GPCs

Abx?

Considerations:

- Syndrome (Signs of infxn, ↓ BP)
- Host (Immunosuppression)
- Risk Factors (HD, Lines, Prosthetic Material)
- MRSA coverage depending on risk factors

Repeat
Cultures?

- Depending on suspicion for infection & host

2/2 Blood Cultures GPCs

Ddx
Common

Virulent*

Staph aureus
Staph lugdunensis
Strep pneumoniae
Strep pyogenes

*Virulent organisms more likely to present w/ sepsis, but all organisms can cause invasive infections

Repeat
Cultures?

Most cases, may defer if discrepant cultures w/ non-virulent organisms

Less Virulent

Other CoNs
Viridans strep
Enterococci

Abx?

Most cases, consider MRSA & VRE coverage depending on risk factors

2/2 Blood Cultures Staph Aureus



Where did you
come from?

- Skin
 - Cellulitis
 - Phlebitis
 - Joint injections
 - IVDU
 - Indwelling lines
 - Recent Surgery
- Nasal Mucosa
 - Pneumonia

Abx?

- MRSA coverage, de-escalate based on cultures/PCR

Where did you
go?

- ♥ Valves
- Prosthetic Material
- Spine
- Joints
- Deep Tissue Abscess
- CNS
- Ocular

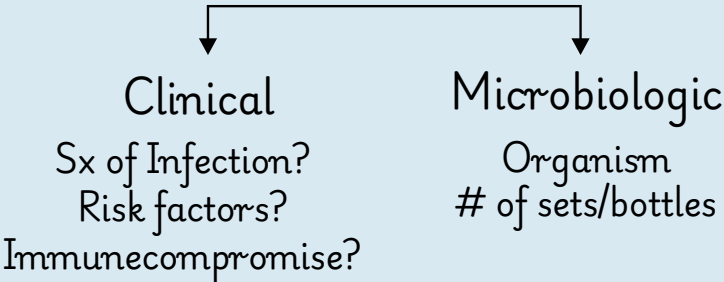
Repeat
Cultures?

- Until Clearance
- TTE+/- TEE
- ID Consult ☆

GPC to Staph Journey

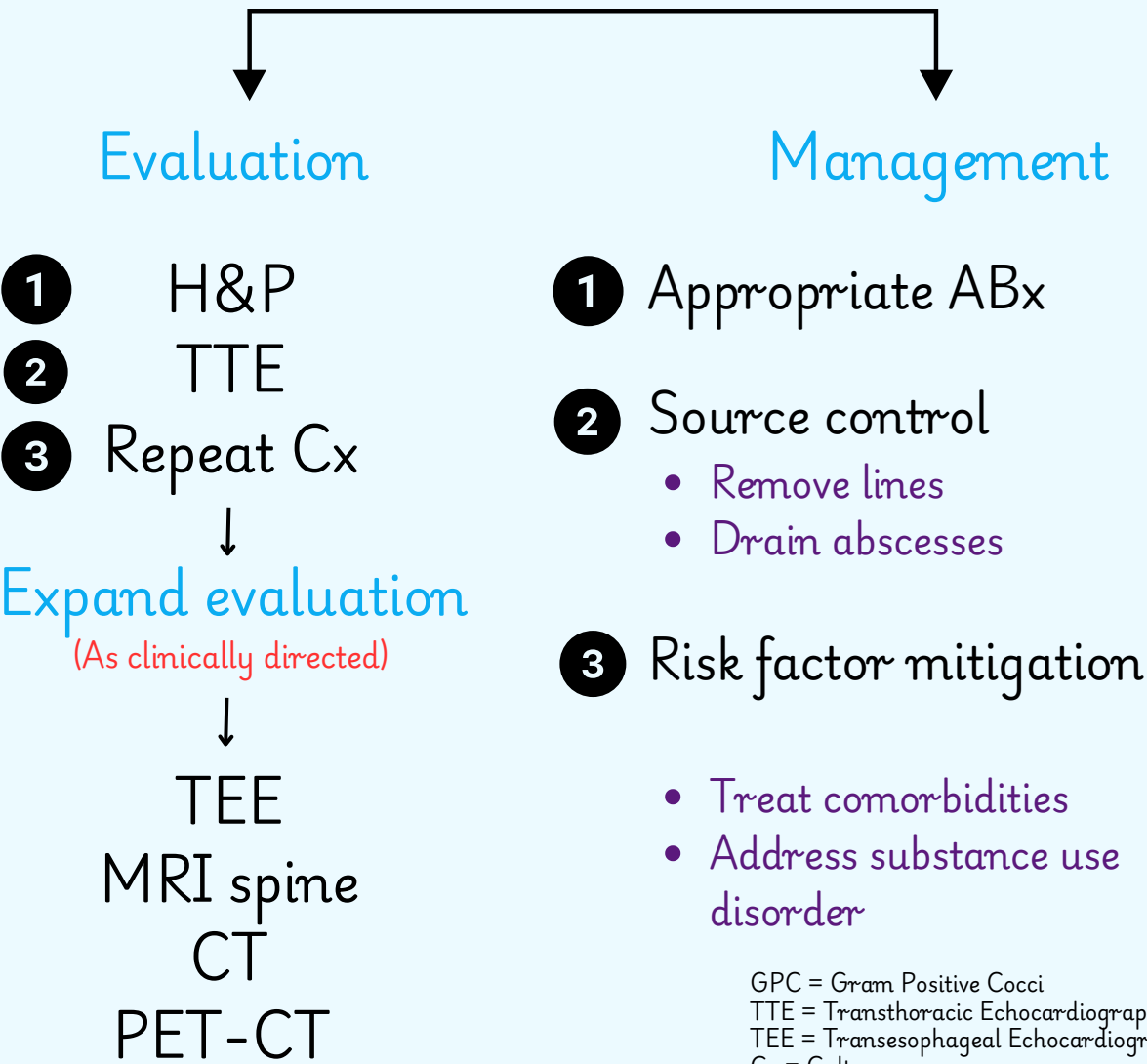
GPC's in Cx

Is this a
contaminant?



Frequently a contaminant	CoNS Micrococcus Cutibacterium acnes
Sometimes a contaminant	Enterococci Viridans strep
Never a contaminant	S. aureus S. pneumoniae Beta-hemolytic strep Listeria monocytogenes

Staph Aureus Bacteremia



GPC = Gram Positive Cocci
TTE = Transthoracic Echocardiography
TEE = Transesophageal Echocardiography
Cx = Culture