NHS Ayrshire & Arran

Initial Management of Gram-Positive Cocci (Likely Staphylococci)

INITIAL ASSESSMENT & TRIAGE

Evaluate NEWS2 Score
If NEWS2 ≥ 7, request an urgent senior clinical review immediately.

Screen for High-Risk Factors
Identify central lines, pacemakers, prosthetic valves, or vascular grafts.

Pathogen Significance
S. aureus is always significant; Coagulase-negative Staph is likely a contaminant unless risks exist.

NEWS2 ≥ 7
OR
Clinical Sepsis?

PATHWAY A: Clinical Sepsis

- Take repeat cultures (periphery + line)
- Give a STAT dose of **IV Vancomycin.**

PATHWAY B: No Sepsis + High Risk

- Take two further culture sets (20 mins apart)
- Monitor for new murmurs.

PATHWAY C: No Sepsis + No Risk

- Likely a contaminant; hold treatment changes
- Monitor for sepsis development.

MANDATORY MICROBIOLOGY REPORTING ACTIONS (STAGES & TIMELINES)

Stage	Data Available	Mandatory Clinical Action
Stage 1 (1–2h)	Gram stain only	Use flowcharts to start empirical therapy immediately.
Stage 2 (8–24h)	Provisional ID & Susceptibility	Active review required; switch antibiotics if current Rx is ineffective.
Stage 3 (24–48h)	Final ID & Susceptibilities	Confirm treatment and assess for IV-to-oral switch (IVOS) options.

DOCUMENTATION & FOLLOW-UP

- **Mandatory Documentation:** Record the clinical review, result, and management plan in the patient's case notes.

- **Consultant Oversight:** A Consultant Microbiologist follows up all significant results.