## Gram positive cocci: Likely streptococci

Some streptococcal species are major pathogens or causes of endocarditis. See appendix 1 for further information.

#### Assessment

NEWS2 score ≥7 → request senior clinical review

- Central venous catheters or longterm vascular access devices present?
- Risk factors for OR signs & symptoms of infective endocarditis?
- 3. Signs & symptoms of pneumococcal pneumonia / meningitis?
- 4. Signs & symptoms of skin and soft tissue infection?
- Known Vancomycin-resistant enterococci (VRE)?

#### Clinical evidence of infection or sepsis

Vascular access device: take blood cultures prior to administering new antibiotics (peripheral first, then from line). Avoid using line and consider removal.

Possible infective endocarditis: take 2 further sets of blood cultures, 20 minutes apart, ideally from different sites.

Give a stat dose of IV vancomycin, dosed as per vancomycin calculator.

If invasive Group A strep (iGAS) infection is suspected or the patient is a carrier of VRE contact the Consultant Microbiologist for further advice.

## No clinical evidence of infection

# Risk: vascular access device

Consider possible line infection

Repeat blood cultures, first from periphery then from line.

Signs and symptoms of endocarditis present

Take 2 further sets of blood cultures, 20 minutes apart, and ideally from different sites.

Seek senior medical review and request echocardiogram No risk factors present

#### Possible contaminant -

hold off any changes in current treatment.

If the patient develops sepsis before further information on this result is available, reassess for a source of infection, reculture, and treat according to empirical prescribing quidelines.

### Document result, clinical review, and plan in notes.

Significant isolates are followed up by a by a consultant microbiologist who will advise on further investigations and duration of treatment. Contaminated blood cultures will be reported within 24hrs with an explanatory report comment.