Gram positive cocci : Likely staphylococci

Coagulase-negative staphylococcal species of uncertain significance most common, but ***S.aureus* is a major pathogen**. See appendix 1 for further information.

1. Are **central venous catheters or long-term vascular access devices** in situ?
2. Do **vascular access sites** look infected?
3. Does the patient have a **pacemaker, prosthetic heart valves, or vascular grafts**?

Assessment
NEWS2 score ≥7 → request senior clinical review

Clinical evidence of infection or sepsis

If a long line is present, take repeat blood cultures(peripheral first, then from line) before giving vancomycin. Consider line removal.

If cardiac or vascular devices present, take 2 further sets of blood cultures, 20 minutes apart, from different sites, before giving vancomycin.

Give stat dose of IV vancomycin, dosed as per vancomycin calculator.
Vancomycin provides broad spectrum gram positive cover, including for *S.aureus* and MRSA.

No clinical evidence of infection

Risk: vascular access device
Consider line infection

Repeat blood cultures, first from periphery then from line.

Risk: Pacemaker, prosthetic heart valves, vascular grafts
Consider endocarditis/ device infection

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

If there is a new /changed heart murmur or worsening heart failure, seek a senior medical review - ?infective endocarditis

No additional risk factors
Possible contaminant

Hold off any changes in current treatment.

If the patient develops sepsis before further information is available, reassess for a source of infection, re-culture, and treat the most likely clinical source according to the empirical prescribing guidelines.

Document result, clinical review, and plan in notes.

All significant results are followed up by a consultant microbiologist.
Contaminated blood cultures will be reported within 24hrs with an explanatory report comment.