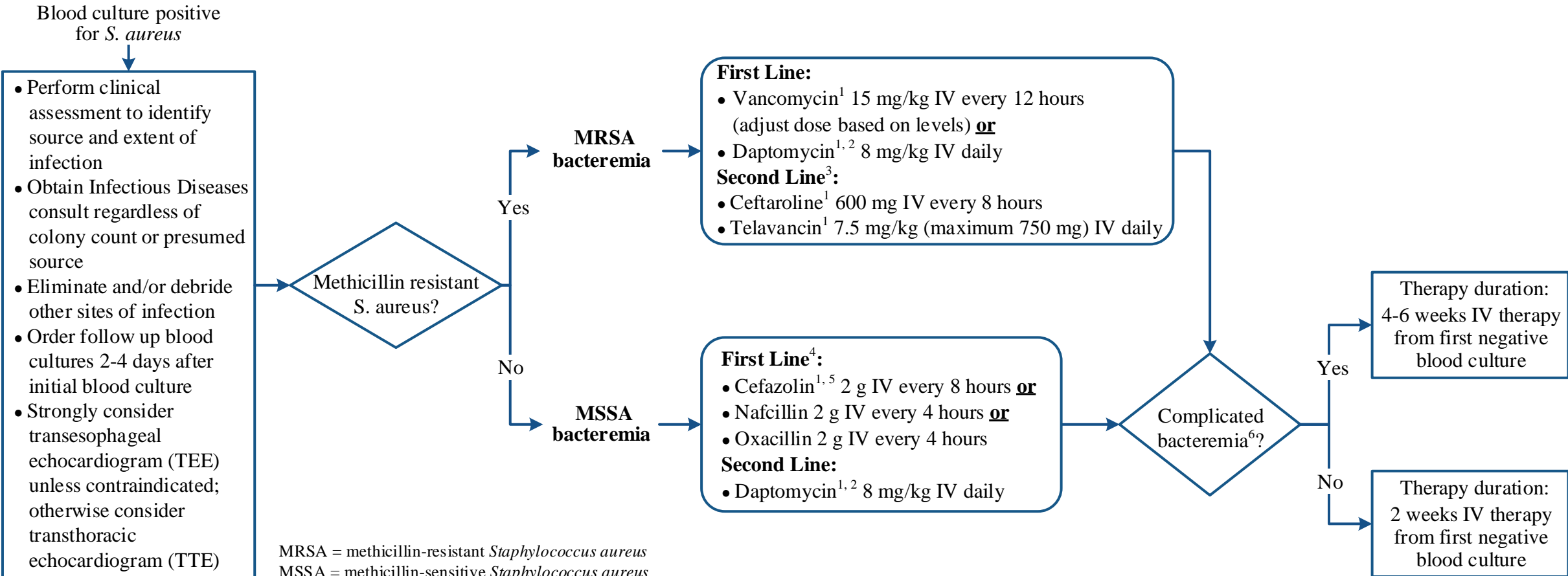


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INITIAL EVALUATION

ANTIBIOTIC SELECTION

DURATION OF THERAPY



MRSA = methicillin-resistant *Staphylococcus aureus*
 MSSA = methicillin-sensitive *Staphylococcus aureus*

¹ Renal adjustment required as appropriate-refer to Antimicrobial Stewardship inside page for dosing recommendations: <https://inside.mdanderson.org/departments/antimicrobial-stewardship-program/resources.html>

² Daptomycin should not be used as monotherapy if evidence of pulmonary involvement

³ Combination therapy with two or more active anti-MRSA agents may be considered on a case-by-case basis

⁴ Beta-lactam choice: Other beta lactam agents should **not** be considered to be interchangeable with cefazolin, nafcillin or oxacillin. In cases where an alternative beta-lactam is needed (e.g., concomitant infection), addition of cefazolin, nafcillin or oxacillin should be considered on a case-by-case basis.

⁵ All MSSA are sensitive to cefazolin; susceptibility testing is not independently performed

⁶ Criteria for complicated bacteremia:

- Endocarditis verified upon echocardiography
- Evidence of metastatic sites of infection
- Febrile beyond 3 days after effective therapy started
- Patient has an implanted device
- Persistent bacteremia after 2-4 days

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DEVELOPMENT CREDITS

This practice consensus statement is based on majority opinion of the *Staphylococcus aureus* Bacteremia Management workgroup at the University of Texas MD Anderson Cancer Center for the patient population. These experts included:

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