

Coagulase-negative *Staph* Bacteremia



Indwelling catheter
or implanted device

While it remains the most common culture contaminant, there are situations where CoNS should be treated.

Rapid time to
culture positivity



Physical exam is very insensitive for
diagnosing CRBSI!



Multiple sets of
positive cultures



Treatment of CoNS

mecA-

mecA+

Anti-staphylococcal PCN

IV nafcillin or oxacillin

Glycopeptide

IV vancomycin

¹Mermel LA, et al. Clinical Practice Guidelines for the Diagnosis and Management of Intravascular Catheter-Related Infection: 2009 Update by the Infectious Diseases Society of America. *Clinical Infectious Diseases*, 2009 Jul 49(1):1-45. ²Chu VH, et al. Native Valve Endocarditis due to Coagulase-Negative Staphylococci: Report of 99 Episodes from the International Collaboration on Endocarditis Merged Database. *Clinical Infectious Diseases*, 2004 Nov 39(10):1527-1530. ³Sychev D, et al. Clinical management of dialysis catheter-related bacteremia with concurrent exit-site infection. *Semin Dial*. 2011;24(2):239-241. ⁴Diekema DJ, et al. Survey of Infections Due to *Staphylococcus* Species. *Clinical Infectious Diseases* 2001 May 32(2):114-132.