General recommendations for positive blood cultures at MLH. This document serves as a guidance document, clinical judgement is vital and does not take precedent over these guidelines. These doses do not take into consideration renal dysfunction or patient-specific factors. These guidelines may not be appropriate for pathogens isolated from other sites (urine, wound, sputum, etc.).

KEY	
	Mandatory ID consult

Pathogen Detected	Empiric Recommendations	Comments
KPC, OXA-48-like	Ceftazidime/avibactam 2.5 g IV Q8H	
NDM, VIM, IMP	Ceftazidime/avibactam 2.5 g IV Q8H AND Aztreonam 2 g IV Q8H + ID consult	Avibactam is active component
CTX-M (ESBL)	Meropenem 500 mg IV Q6H	Carbapenems first-line per MERINO trial
VanA/B	Linezolid 600 mg IV Q12H **OR** Daptomycin 6 mg/kg IV Q24H, doses up to 12 mg/kg may be considered in certain cases	VanA/B = vancomycin resistance
MecA/C and MREJ	If detected with staphylococcus aureus, Vancomycin AUC 400-600	Mec A/C and MREJ = vancomycin resistance
Enterococcus faecalis	**Van A/B negative**: Ampicillin 2 g IV Q4H **OR** Vancomycin, Rx-to-dose **Van A/B positive**: Linezolid 600 mg IV Q12H **OR** Daptomycin 6 mg/kg IV Q24H	Higher daptomycin doses up to 12 mg/kg may be considered in certain cases
Enterococcus faecium	**Van A/B negative**: Vancomycin, Rx-to-dose **Van A/B positive**: Linezolid 600 mg IV Q12H **OR** daptomycin 6 mg/kg IV Q24H	More resistant than enterococcus faecalis, higher daptomycin doses up to 12 mg/kg may be considered
Listeria monocytogenes	Ampicillin 2 g IV Q4H +/- gentamicin 1.7 mg/kg IV Q8H	Commonly associated with meningitis
Staphylococcus species and NEGATIVE S. aureus PCR	Consider withholding or discontinuing antibiotics as likely contaminant if only 1 out of 2 blood cultures positive	Do not routinely draw repeat blood cultures
Staphylococcus aureus	**MecA/MREJ negative = MSSA:** Cefazolin 2 g IV Q8H **MecA/MREJ positive = MRSA:** Vancomycin AUC 400-600	Repeat blood cultures every 48 hours until clear
Staphylococcus epidermidis	**mecA/C negative**: Cefazolin 2 g IV Q8H **mecA/C positive**: Vancomycin Rx-to-dose	**Consider contamination if only 1 blood culture positive**
Staphylococcus lugdunensis	**mecA/C negative**: Cefazolin 2 g IV Q8H **mecA/C positive**: Vancomycin Rx-to-dose	**Consider contamination if only 1 blood culture positive**
Streptococcus species	Ceftriaxone 2 g IV Q24H	
Streptococcus agalactiae (Group B)	PCN 3 MU IV Q4H **OR** Ceftriaxone 2 g IV Q24H	
Streptococcus pneumoniae	Ceftriaxone 2 g IV Q24H	If meningitis suspected, increase ceftriaxone to 2 g IV Q12H + vancomycin Rx-to-dose
Streptococcus pyogenes (Group A)	PCN 3 MU IV Q4H **OR** Ceftriaxone 2 g IV Q24H	

Acinetobacter calcoaceticus baumannii complex	Meropenem 500 mg IV Q6H **OR** Ampicillin/sulbactam 3 g IV Q6H	Consider ID consultation, can be highly resistant organisms
Bacteroides fragilis	Piperacillin/tazobactam 4.5 g IV Q8H	
Enterobacterales	If no specific bacteria detected, consider: Piperacillin/tazobactam 4.5 g IV Q8H **OR** Cefepime 1 g IV Q6H	See specific bacteria detected, if applicable
Enterobacter cloacae complex	Cefepime 1g IV Q6H **ESBL**: Meropenem 500 mg IV Q6H	
Escherichia coli	Ceftriaxone 2g IV Q24H **ESBL**: Meropenem 500 mg IV Q6H	
Klebsiella aerogenes	Cefepime 1 g IV Q6H **ESBL**: Meropenem 500 mg IV Q6H	
Klebsiella oxytoca	Ceftriaxone 2g IV Q24H **ESBL**: Meropenem 500 mg IV Q6H	
Klebsiella pneumoniae	Ceftriaxone 2g IV Q24H **ESBL**: Meropenem 500 mg IV Q6H	
Proteus species	Ceftriaxone 2g IV Q24H **ESBL**: Meropenem 500 mg IV Q6H	
Salmonella species	Ceftriaxone 2g IV Q24H **OR** Ciprofloxacin 400 mg IV Q12H	
Serratia marcescens	Cefepime 1g IV Q6H **ESBL:** Meropenem 500 mg IV Q6H	
Haemophilus influenzae	Ceftriaxone 2 g IV Q24H	
Neisseria meningitidis	Ceftriaxone 2 g IV Q12H	Commonly associated with meningitis
Pseudomonas aeruginosa	Piperacillin/tazobactam 4.5 g IV (extended infusion) Q8H **+/-** tobramycin 7 mg/kg IV Q24H	Consider tobramycin if critically ill
Stenotrophomonas maltophilia	TMP/SMX IV 5 mg/kg IV Q8H	
Candida albicans	**Critically ill**: Micafungin 100 mg IV Q24H **Non-critically ill**: Fluconazole 800 mg IV/PO load, followed by 400 mg IV/PO daily	
Candida auris	Micafungin 100 mg IV Q24H	Contact Infection Prevention ASAP
Candida glabrata	Micafungin 100 mg IV Q24H	
Candida krusei	Micafungin 100 mg IV Q24H	Reports of increasing resistance in the US
Candida parapsilosis	Fluconazole 800 mg IV/PO load, followed by 400 mg IV/PO daily **OR** Micafungin 100 mg IV Q24H	Echinocandins have higher MICs to *C. parapsilosis*, although unclear clinical significance
Candida tropicalis	Micafungin 100 mg IV Q24H **OR** Fluconazole 800 mg IV/PO load, followed by 400 mg IV/PO daily	
Cryptococcus neoformans/gattii	Liposomal Amphotericin B 4 mg/kg IV Q24H **PLUS** fluconazole 800 mg IV daily	