

***Staphylococcus aureus* bacteraemia (SAB) clinical management quality indicators**

Indicator	Documented evidence in patient record	Rationale/evidence for indicator
Source of SAB Is the confirmed or likely source documented or is there a clearly documented plan of investigation?	Source of infection documented: skin, wound infection, IV line, endocarditis, spinal infection, deep abscess, respiratory tract, septic arthritis, other OR Unknown source and plan of investigation clearly recorded; includes clinical examination of skin, heart sounds, respiratory system, abdomen and musculoskeletal system (joints and spine) AND Documentation of further planned investigations including imaging (e.g. MRI, CT, USS, ECHO) or specialist (surgical) review	Site of infection determines duration of therapy, need for surgical intervention and prognosis. Relapse in SAB is predicted by an unidentified or inadequately managed deep source [1-6]
Antibiotic therapy Is the patient receiving appropriate IV antibiotic therapy (based on the organism sensitivities and likely source of infection) at time of SAB review?	If MSSA and no penicillin allergy: IV Flucloxacillin 2g 4-6 hourly (reduced to 1g 6 hourly if documented evidence of renal impairment). If MRSA or MSSA and penicillin allergy: Vancomycin as per local guidelines	IV therapy is standard of care for SAB for at least the first 14 days of therapy. Site/source of infection determines duration of therapy and potential for IV to oral switch. IV therapy should therefore continue until the source and severity of the infection is determined and for at least for 14 days. Flucloxacillin is more effective than glycopeptides in sensitive organisms and therefore is the preferred antibiotic [1,2,7,8]
Vascular device If vascular line-related SAB has the IV catheter(s) been removed?	Documentation of line removal in medical record OR documentation of reason for line retention	Not removing an infected IV device is a strong predictor of SAB relapse [6,9,10]
Infection specialist Has an infection specialist reviewed the patient?	Case record documentation of review by or telephone advice from a microbiologist or infectious diseases physician	Review by an infection specialist has been associated with more appropriate investigation, treatment and improved outcome in patients with SAB [6]

References

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