

Supplementary Materials

Date	Order for one day	Date	Orders for continuation
	<div style="margin-bottom: 10px;"><input type="checkbox"/> CBC</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> H/C x II specimens or H/C for CRBSI (if presence of C-line) at 72 hrs. after start antibiotics (Date: _____)</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> Consult cardio for echocardiogram ALL case at day 5-7th after H/C positive (Date: _____)</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> Remove central venous catheter at Site: _____</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> MRI spine at site _____ IPD urgency if clinical indicated</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> CT whole abdomen IPD urgency if clinical indicated</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> Consult surgery for drainage if presence of any abscess Site: _____</div>	BW _____ <u>CrCl</u> _____	<div style="margin-bottom: 10px;"><u>If pathogen is MSSA</u></div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> No penicillin allergy → <input type="checkbox"/> Cloxacillin 2 gm IV q 4 hr. </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Mild penicillin allergy → Cefazolin <input type="checkbox"/> <u>CrCl</u> ≥ 35 : 2 gm IV q 8 hr. <input type="checkbox"/> <u>CrCl</u> 11-34 : 1 gm IV q 12 hr. <input type="checkbox"/> <u>CrCl</u> < 10 : 1 gm IV q 24 hr. <input type="checkbox"/> HD : 2 gm after HD </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Severe penicillin allergy → <input type="checkbox"/> Vancomycin 20-25 mg/kg (_____ mg) IV loading then _____ mg IV q _____ hr. (Adjust dose based on <u>CrCl</u> and BW) </div> <div style="margin-bottom: 10px;"><input type="checkbox"/> Vancomycin trough level before dose 4th (keep trough level 15-20)</div> <div style="margin-bottom: 10px;"><u>If pathogen is MRSA</u></div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Vancomycin 20-25 mg/kg (_____ mg) IV loading then _____ mg IV q _____ hr. (Adjust dose based on <u>CrCl</u> and BW) </div> <div style="margin-bottom: 10px;"><input type="checkbox"/> Vancomycin trough level before dose 4th (keep trough level 15-20)</div> <div style="text-align: center; margin-top: 20px;">QR CODE</div> <div style="margin-top: 20px;"> Scan QR code for dose adjustment for vancomycin based on <u>CrCl</u> and BW </div>

Consult ID if patient has any of these conditions

- ☐ Infective endocarditis
- ☐ Cardiovascular implantable electronic devices (CIED) infection
- ☐ Osteomyelitis
- ☐ Septic arthritis
- ☐ Metastatic infection e.g. deep organ abscess
- ☐ Positive H/C at 72 hrs. after proper antibiotics
- ☐ Persistent fever > 72 hrs. after proper antibiotics
- ☐ Neutropenia



If no any of these conditions
Duration of antibiotics IV: 14 days after 1st H/C negative

Figure S1. Hospital-Wide management protocol for patients with *Staphylococcus aureus* bloodstream infections.