

Table 4: Most Commonly Recommended Treatment Regimens for *Staphylococcus aureus* Endocarditis

Infection type	Penicillin allergy status	Regimen
Left-sided infection with penicillin-susceptible <i>Staphylococcus aureus</i> (PSSA)		
Native valve	Penicillin non-allergic	Penicillin G 45mg/kg up to 1.8g q4h IV for 4-6 weeks±gentamicin for 5 days
	Minor penicillin allergy	First-generation cephalosporin e.g. cephalothin 50mg/kg up to 2g q4h IV or cefazolin 50mg/kg 2g q8h IV for 4-6 weeks±gentamicin for 5 days
Prosthetic valve	Life-threatening penicillin-allergy	Vancomycin 25mg/kg up to 1g q12h for 4-6 weeks±gentamicin for 5 days*
	Any of the above	Add rifampin 15mg/kg up to 600mg q24h orally and give gentamicin for 2 weeks
Left-sided infection with methicillin-susceptible <i>Staphylococcus aureus</i> (MSSA)		
Native valve	Penicillin non-allergic	Penicillinase-resistant penicillin e.g. nafcillin/oxacillin 2g q4h for 4 weeks±gentamicin 1mg/kg q8h for 5 days
	Minor penicillin allergy	First-generation cephalosporin e.g. cephalothin 2g q4h or cefazolin 2g q8h for 4-6 weeks±gentamicin for 3 to 5 days
	Life-threatening penicillin-allergy	Vancomycin 25mg/kg up to 1g q12h for 4-6 weeks±gentamicin for 3 to 5 days
Poor response	Any of the above	Add rifampin*
Prosthetic valve	Any of the above	Add rifampin and give gentamicin for 2 weeks
Left-sided infection with methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)		
Native valve	All	Vancomycin 25mg/kg up to 1g q12h for 4-6 weeks±gentamicin for 3 to 5 days
Poor response	All	Add rifampin*
Prosthetic valve	All	Add rifampin and give gentamicin for 2 weeks
Right-sided infection (non-prosthetic)		
		Above regimens for 2 weeks or oral ciprofloxacin+rifampin for 4 weeks if no other infection focus

* Daptomycin 6mg/kg daily