

**Table 3. Most Commonly Recommended Treatment Regimens for *Staphylococcus aureus* Endocarditis**

<b>Infection type</b>	<b>Penicillin allergy status</b>	<b>Regimen</b>
<b>Left-sided infection with penicillin-susceptible <i>Staphylococcus aureus</i> (PSSA)</b>		
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
	Life-threatening penicillin-allergy	Vancomycin 25mg/kg up to 1g q12h for 4-6 weeks±gentamicin for 5 days
Prosthetic valve	Any of the above	Add rifampin 15mg/kg up to 600mg q24h orally and give gentamicin for 2 weeks
<b>Left-sided infection with methicillin-susceptible <i>Staphylococcus aureus</i> (MSSA)</b>		
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
<b>Left-sided infection with methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)</b>		
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
<b>Right-sided infection (non-prosthetic)</b>		
Above regimens for 2 weeks or oral ciprofloxacin+rifampin for 4 weeks if no other infection focus		