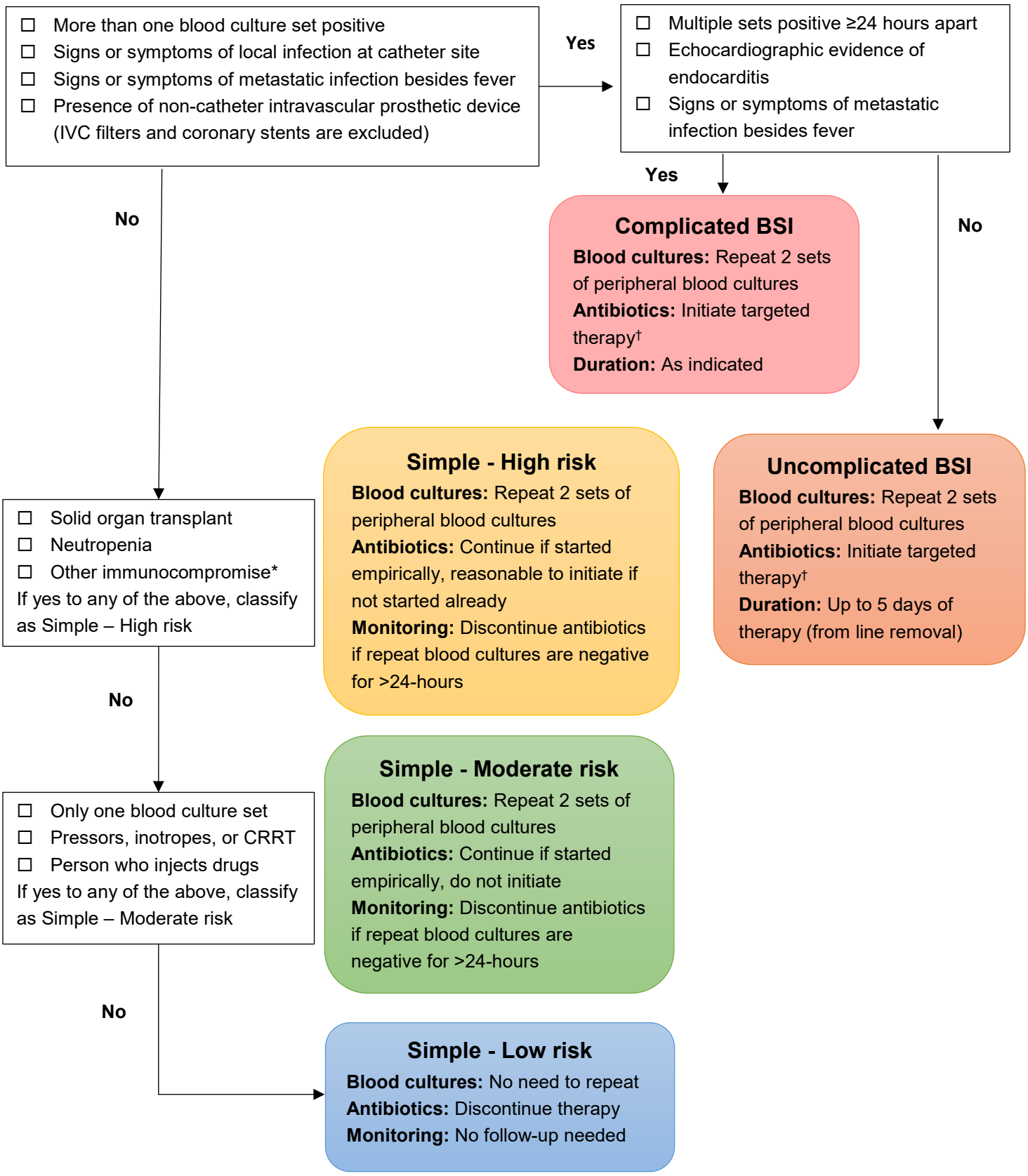
Supplementary Figure. Standardized algorithm for the management of CoNS-positive blood cultures that was employed by the stewardship team during the prospective intervention period.



Note. The algorithm was applied in real-time by our antimicrobial stewardship team upon identification of CoNS bacteremia. In most cases interventions were made 1 hour prior to the next scheduled dose of gram-positive antibiotic therapy to allow additional time for additional blood culture sets to turn positive. All patients were monitored daily and the stewardship team was notified of any additional blood cultures that turned positive. Classification of CoNS bacteremia and standardized recommendations were adopted from a prior randomized clinical trial of Staphylococcal bacteremia (Holland TL, et al. *JAMA* 2018;320(12):1249-58).

Abbreviations: BSI, bloodstream infection; CRRT continuous renal replacement therapy; IVC, inferior vena cava

* Other immunocompromise criteria included receipt of chemotherapy for malignancy, receipt of CAR-T within 90 days or with ongoing neutropenia, hematopoietic cell transplant within past 100 days, primary immunodeficiency, AIDS (CD4 < 200 or 15%), autoimmune or chronic inflammatory disease on immunosuppression, graft versus host disease receiving immunosuppression, receiving T- or B- cell compromising therapy, anatomic or functional asplenia, active leukemia, and myelodysplastic syndrome.

† Vancomycin was recommended for mecA/C positive isolates and oxacillin was recommended for mecA/C negative isolates.

Supplementary Table. Standardized stewardship recommendations provided by CoNS bacteremia classification

Classification	Blood cultures	Antibiotics	Other
Simple – Low risk	Repeat blood cultures are not recommended unless the patient demonstrates new signs and symptoms of infection.	Discontinue antibiotics for patients initiated on empiric therapy. For patients not on empiric therapy, do not start antibiotics.	None
Simple – Moderate risk	Repeat 2 sets of peripheral blood cultures.	Discontinue antibiotics if repeat blood cultures are negative for at least 24 hours. For patients not on empiric therapy, do not initiate antibiotics unless repeat blood cultures are positive.	None
Simple – High risk	Repeat 2 sets of peripheral blood cultures.	Discontinue antibiotics if repeat blood cultures are negative for at least 24 hours. For patients not on empiric therapy, initiate antibiotics and discontinue when repeat blood cultures are negative for at least 24 hours.	Initiation of antibiotics is recommended, but not required for patients who are hemodynamically stable.
Uncomplicated bloodstream infection	Repeat 2 sets of peripheral blood cultures.	Continue targeted antibiotics for 5 days from catheter removal or the last positive blood culture. For patients not on empiric therapy, initiate targeted antibiotics for 5 days from catheter removal or the last positive blood culture.	Remove central venous catheters if evidence of local infection.
Complicated bloodstream infection	Repeat 2 sets of peripheral blood cultures.	Continue or initiate targeted antibiotics. Durations of therapy to be determined by subsequent diagnostic evaluation.	Remove central venous catheters and other potential sources of infection. Recommend Infectious Diseases consultation.