Ascension Sacred Heart	Inpatient and Outpatient Antibiogram Ascension Sacred Heart Emerald Coast Date Disseminated: February 2025											Data are percent susceptible; first isolates only MRSA Rate: 44%															
		Antimicrobial Susceptibility Report: Januar											ry 2024 - December 2025									Criteria for Use / Restricted Agents					
	No. of isolates	Amikacin ^a	Amoxicillin/Clavulanate	Ampicillin ^b	Ampicillin/Sulbactam	Cefazolin	Cefepime	Ceftriaxone	Cefuroxime / Cephalexin	Clindamycin	Doxycycline	Gentamicin ^a	Nitrofurantoin	Oxacillin/ Nafcillin d	Penicillin G	Piperacillin/Tazobactam	Sulfa/Trim (Bactrim)	Tetracycline	Tobramycin ^a	Ceftazidime	Ciprofloxacin e	Levofloxacin e	Linezolid	Meropenem	Vancomycin		
Gram-positive								·																			
Enterococcus faecalis	162		100	100	100						26		97		1	100		20			86	87	100*	-	99		
Staphylococcus aureuse	202	-	56		56	41*	-	56	56	70	96	99	100*	56		56	89	90	-		64	64	100	-	100		
MRSAe	88	-								65	92	99	100*				84	89	-		27	27	100		100		
MSSA ^e	114	-	100		100	100	-	100	100	73	98	99	100*	100		100	92	90	-		92	93	100*	-	100		
Staphylococcus epidermidise	46	-	43		43	47	-	43	43	59	80	93	97	43		43	52	72	-		63	63	100*	-	100		
Streptococcus agalactiae	30	-	-	100	-	-	-	100*	-	33	-	-	-	-	100*	-	-	-	-		-	100	100	-	100		
Gram-negative																											
Enterobacter cloacae complexf	41	100					100	-	-			100	12*			80	88	-	100*	80	100	93		100			
Escherichia coli	772	100	82	56	62	84°	93	87	_c		-	93	96			96	75	81	94	94	65	66		100			
Klebsiella oxytoca	38	100	87		68	-	95	84	-		-	97	71*			92	97	-	-	100	95	95		100			
Klebsiella pneumoniae	192	100	95		84	91º	97	92	_c		-	98	18			97	89	83*	92*	94	88	86		100			
Proteus mirabilis	77	100	100	-	95	100c	100	100	_c		-	95				100	89		-	100	86	86		100			

NOTE: Narrowest agent needed to cover pathogens suspected per evidence and individual patient history recommended; >80% susceptible is acceptable

aaminoglycosides should not be used as monotherapy except for in urinary source

bampicillin results predict activity of amoxicillin, amoxillin/clavulanate, ampicillin/sulbactam, and piperacillin/tazobactam for non-beta-lactamase producing enterococci. %S have not been tested for these isolates but have been included and match the ampicillin susceptibility result as appropriate

96

ereflects susceptibility of urine isolates only due to limitations of current antimicrobial susceptibility tests. Cefazolin results when used for treatment of uncomplicated UTIs due to E. coli, K. pneumoniae, and P. mirabilis, can be used to predict results for oral agents cefdinir, cefuroxime, and cephalexin.

78*

91

89

doxacillin results for methicillin (oxacillin)-susceptible staphylococci can be applied to amoxicillin/clavulanate, ampicillin/sulbactam, piperacillin/tazobactam, cefdinir, cephalexin, cefuroxime, cefazolin, cefepime, ceftriaxone, and meropenem. %S have not been tested for all these bug-drug combinations but have been included and match the oxacillin susceptibility results as appropriate

eStaphlococcus spp may develop resistance during prolonged therapy with quinolones. Isolates initially susceptible may become resistant within 3-4 days after initiation of therapy. Testing repeat isolates may be warranted or use of alternative narrower agent.

f Enterobacter cloacae, Klebsiella aerogenes, and Citrobacter freundii may develop resistance during prolonged therapy with 3rd-generation cephalosporins due to derepression of AmpC beta-lactamase. Isolates initially susceptible may become resistant within 3-4 days after initiation of therapy. If treatment is intended to be > 1 week, testing repeat isolates may be warranted if using 3rd-generation cephalosporins; otherwise use cefepime.

*less than 30 isolates tested

Pseudomonas aeruginosa

intrinsically resistant or poor coverage

Key: - None or very few isolates tested empiric drug of choice

99

115