


|  | Inpatient and Outpatient Antibioqram Ascension Sacred Heart Gulf Date Disseminated: February 2025 | | | | | | | | | | | | Data are percent susceptible; first isolates only MRSA Rate: 50% | | | | | | | | | | |
|---|---|-----------------------|-------------------------|-------------------------|----------------------|-----------------|----------|-------------|-------------------------|-------------|-------------|-------------------------|---|------------------------------------|-------------------------|--------------|--------------------------------------|-------------|----------------------------|---------------------------|-----------|-----------|------------|
| | Antimicrobial Susceptibility Report: January 2024 - December 2024 | | | | | | | | | | | | | | | | Criteria for Use / Restricted Agents | | | | | | |
| | No. of isolates | Amikacin ^a | Amoxicillin/Clavulanate | Ampicillin ^b | Ampicillin/Sulbactam | Cefazolin | Cefepime | Ceftriaxone | Cefuroxime / Cephalixin | Clindamycin | Doxycycline | Gentamicin ^a | Nitrofurantoin | Oxacillin / Nafcillin ^d | Piperacillin/Tazobactam | Tetracycline | Tobramycin ^a | Ceftazidime | Ciprofloxacin ^e | Levofloxacin ^e | Linezolid | Meropenem | Vancomycin |
| Gram-positive | | | | | | | | | | | | | | | | | | | | | | | |
| Enterococcus faecalis | 33 | | 100 | 100 | 100 | | | | | 30 | | 100* | | 100 | 32 | | | 91* | 91* | 100* | - | 97 | |
| Staphylococcus aureus ^e | 38 | - | 50 | | 50 | - | - | 50 | 50 | 82 | 92 | 95 | 86* | 50 | 50 | 84 | - | | 53 | 53 | 100* | - | 100 |
| Gram-negative | | | | | | | | | | | | | | | | | | | | | | | |
| Escherichia coli | 251 | 100 | 75 | 48* | 56 | 84 ^c | 89 | 86 | - ^c | | - | 93 | 95 | | 95 | 78* | 91* | 92 | 69 | 70 | | 100 | |
| Klebsiella pneumoniae | 66 | 100 | 95 | | 83 | 95 ^c | 95 | 95 | - ^c | | - | 100 | 25 | | 97 | 67* | 100* | 95 | 83 | 80 | | 98 | |

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

^creflects 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 cephalixin.

^doxacillin results for methicillin (oxacillin)-susceptible staphylococci can be applied to amoxicillin/clavulanate, ampicillin/sulbactam, piperacillin/tazobactam, cefdinir, cephalixin, 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

^eStaphylococcus 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.

*less than 30 isolates tested

intrinsically resistant or poor coverage

-

None or very few isolates tested

empiric drug of choice