

2024 ANTIBIOTIC SUSCEPTIBILITY REPORT (2023 Data)

Saint Agnes Medical Center

% Susceptibility GRAM POSITIVE ORGANISMS (Blood Levels)	No. Isolates (Tot. 1130)	Ampicillin	Ampicillin/ Subbactam	Amoxicillin/ clavulanic acid	Azithromycin	Cefazolin	Ceftriaxone	Clindamycin	Erythromycin	Gentamicin	Levofloxacin	Oxacillin	Penicillin	Rifampin**	Tetracycline	Tmp/Smx (=Bactrim)	Vancomycin	Linezolid	Daptomycin	
Staphylococcus aureus (All Isolates)	791	0	64	64	-	64	64	76	52	94	58	64	-	99	89	99	100	100	100	
Methicillin Resistant (MRSA)	288	0	0	0	-	0	0	67	17	90	11	0	-	97	77	98	100	100	100	
Methicillin Sensitive (MSSA)	503	0	100	100	-	100	100	81	70	97	84	100	-	100	96	100	100	100	100	
Coagulase Neg. Staphylococcus	437	0	48	48	-	48	48	63	37	88	68	48	-	97	82	70	100	100	100	
Enterococcus faecalis	386	100	-	-	-	-	-	-	-	-	82	-	100	46	26	-	97	99	100	
Enterococcus faecium	122	9	-	-	-	-	-	-	-	-	8	-	8	2	47	-	28	92	87	
Streptococcus pneumoniae (non-meningitis)	24 [¥]	-	-	96	83	-	100	92	83	-	100	-	100	-	96	96	100	-	-	
Streptococcus pneumoniae (meningitis)	24 [¥]	-	-	-	-	-	96	-	-	-	100	-	88	-	-	-	100	-	-	

**Rifampin should not be used alone for antimicrobial therapy

¥ = Less than 30 isolates

Tmp/Smx = trimethoprim/sulfamethoxazole

% Susceptibility GRAM NEGATIVE ORGANISMS (Blood Levels)	No. Isolates (Tot. 5196)	Amikacin	Ampicillin / Subbactam	Aztreonam	Cefepime	Ceftazidime	Ceftriaxone	Cefuroxime	Ciprofloxacin	Ertapenem	Gentamicin	Levofloxacin	Meropenem	Piperacillin/ Tazobactam	Tobramycin	Tmp/SMX	Nitrofurantoin (cystitis only)	
Acinetobacter baumannii	22 [¥]	91	86	-	91	86	59	-	82	-	86	82	91	-	91	91	-	
Citrobacter freundii	57	100	-	75	100	75	67	-	88	98	95	91	98	89	96	82	94	
Enterobacter aerogenes	69	100	-	87	97	78	77	70	93	100	97	93	100	90	99	96	14	
Enterobacter cloacae	131	100	-	69	95	69	66	36	95	98	97	97	100	76	98	92	24	
Escherichia coli	3199	99	60	86	86	85	85	82	75	100	90	76	100	98	90	72	97	
Klebsiella oxytoca	109	100	60	86	89	89	83	80	90	99	93	93	99	90	91	83	82	
Klebsiella pneumoniae	715	100	77	86	86	86	85	82	89	99	92	94	100	97	92	83	37	
Morganella morganii	44	100	7	82	98	77	80	-	75	100	89	80	100	100	86	77	-	
Proteus mirabilis	338	98	90	95	95	96	95	94	77	100	84	80	100	100	85	75	-	
Pseudomonas aeruginosa	417	98	-	82	93	94	-	-	81	-	-	82	93	92	99	-	-	
Serratia marcescens	61	100	-	85	98	84	84	-	90	98	98	95	97	92	92	95	-	
Stenotrophomonas maltophilia	34	-	-	-	-	29	-	-	-	-	-	88	-	-	-	100	-	

Antimicrobial Agent	Adult Dose	Comment
Penicillins		
Ampicillin	(\$) IV 1-2 gm q 4-6 hr	Dose depends on site & severity of infection.
Penicillin G	(\$) IV 1-4 M.Units q 4-6 hr	High dose > 20 million(M) units/day.
Anti-Staph Penicillins		
Nafcillin	(\$\$) IV 1-2 gm q 4-6 hr	Dose depends on site & severity of infection.
Beta-Lactamase Inhibitors		
Amoxicillin/clavulanate (Augmentin)	(\$) PO 250-500 mg q 8 hr	Oral only. Can use to transition IV to PO.
Ampicillin/sulbactam (Unasyn)	(\$) IV 1.5-3 gm q 6 hr	Not active against Pseudomonas or Serratia; limited Enterobacter activity.
Piperacillin/tazobactam (Zosyn)	(\$\$) IV 2.25-4.5 gm q 6 hr	Active against some species of Pseudomonas, Serratia, Citrobacter; and Enterobacter.
Cephalosporins		
1st Generation		
Cefazolin	(\$) IV 1-2 gm q 8 hr	More frequent dosing rarely needed. Adjust dose for renal impairment.
2nd Generation		
Cefoxitin	(\$\$) IV 1-2 gm q 6-8 hr	Adjust dose for renal impairment.
Cefuroxime	(\$) IV 0.75-1.5 gm q 8 hr PO 250-500 mg q 12 hr	Adjust dose for renal impairment.
3rd/4th Generations		
Cefepime	(\$) IV 1-2 gm q 12 hr	More active against Enterobacter sp. Adjust dose for renal impairment
Ceftazidime	(\$) IV 1-2 gm q 8 hr	More active against Pseudomonas sp. Adjust dose for renal impairment
Ceftriaxone	(\$) IV 1-2 gm q 24 hr	No adjustment for renal impairment.
Carbapenem:		
Imipenem/cilastatin	(\$\$) IV 0.5-1 gm q 6-8 hr	Broad spectrum, usually reserved for infections resistant to other antibiotics. Adjust dose for renal impairment.
Meropenem	(\$\$) IV 0.5-1 gm q 8 hr	Poor activity against Pseudomonas and Acinetobacter. *Requires ID/ASP approval*
Ertapenem	(\$\$\$) IV 1 gm q 24 hr	
Monobactam:		
Aztreonam	(\$\$\$\$) IV 1-2 gm q 6 hr	Aerobic gram negative activity only. Minimal cross-reactivity in penicillin allergic patients. Adjust dose for renal impairment.

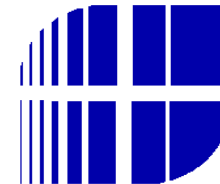
Antimicrobial Agent	Adult Dose	Comment
Aminoglycosides		
Amikacin	(\$\$) IV / IM 15-20 mg/kg/day in 2-3 divided doses	Adjust dose for renal impairment
Gentamicin	(\$) IV / IM 3-6 mg/kg/day in 2-3 divided doses	Once daily dosing available. Pharmacy dosing service available upon request.
Tobramycin	(\$) IV / IM 3-6 mg/kg/day in 2-3 divided doses	
Macrolides:		
Azithromycin	(\$) PO 250-500 mg q 24 hr IV 500 mg q 24 hr	Change to PO when GI functional. Similar PO / IV efficacy.
Erythromycin	(\$) PO 250-500 mg q 6 hr (\$\$\$\$) IV 0.5-1 gm q 6 hr	Higher doses for Legionella. Change to PO when GI functional. Similar PO / IV efficacy.
Quinolone:		
Ciprofloxacin	(\$) PO 250-750 mg q 12 hr IV 200-400 mg q 8-12 hr	Change to PO when GI functional. Similar PO / IV efficacy.
Levofloxacin	(\$) PO / IV 250-750 mg q 24 hr	Adjust dose for renal impairment. Similar PO / IV efficacy.
Other Antibiotics:		
Clindamycin	(\$) PO 150-450 mg q 6 hr IV 600-900 mg q 8 hr	Change to PO when GI functional. Similar PO / IV efficacy.
Doxycycline	(\$) PO 100 mg q 12 hr IV 100 mg q 12 hr	Change to PO when GI functional. Similar PO / IV efficacy.
Metronidazole	(\$) PO / IV 500 mg q 6 hr	Change to PO when GI functional. Similar PO / IV efficacy.
Trimethoprim/Sulfa (Bactrim/Septa)	(\$\$) IV 15-20 mg/kg/day TMP component in 4 divided doses	Change to PO when GI functional. Similar PO / IV efficacy.
Vancomycin	(\$\$) IV 10-15 mg/kg q 12 hr to start	Monitor SCr and drug levels. Pharmacy dosing service available upon request.

Combination Antibioqram		
	P. aeruginosa	E. Cloacae
Cefepime + Tobramycin	100%	99%
Cefepime + Ciprofloxacin	96%	98%
Cefepime + Amikacin	100%	100%
Pip/Tazo + Tobramycin	100%	98%
Pip/Tazo + Ciprofloxacin	97%	98%
Pip/Tazo + Amikacin	100%	100%

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