


## Antibiotic Susceptibility of Common Organisms

**2021 STHS McAllen - ICU**

Numbers indicate percent susceptible; only the first isolate per patient per period is included

		# of isolates	Beta-Lactams							FQ	AGs			Miscellaneous					
			Oxacillin	Ampicillin <sup>1</sup>	Ampicillin/Sulbactam	Piperacillin/Tazobactam	Cefazolin <sup>2</sup>	Ceftriaxone	Cefepime	Meropenem	Ciprofloxacin	Amikacin	Gentamicin	Tobramycin	Clindamycin	Tetracycline <sup>4</sup>	TMP/SMX (Bactrim)	Vancomycin	Linezolid
<b>Gram - Negative</b>	<i>Acinetobacter baumannii</i> <sup>4</sup>	14	-	-	14	14	-	-	14	14	14	-	36	36	-	-	69	-	-
	<i>Enterobacter cloacae</i> <sup>5,x</sup>	20	-	-	-	70	-	-	90	95	95	100	90	90	-	-	85	-	-
	<i>Escherichia coli</i>	71	-	24	41	87	65	66	66	100	52	98	90	83	-	-	56	-	-
	<i>Klebsiella aerogenes</i> <sup>5,6,y</sup>	17	-	-	-	47	-	-	94	100	100	100	100	100	-	-	95	-	-
	<i>Klebsiella pneumoniae</i>	47	-	0	47	77	55	60	64	87	87	93	79	70	-	-	54	-	-
	<i>Pseudomonas aeruginosa</i>	56	-	-	-	82	-	-	88	80	84	93	84	91	-	-	-	-	-
<b>Gram +</b>	<i>Staphylococcus aureus</i> <sup>7,8</sup>	65	74	-	-	-	-	-	-	-	-	-	100	-	71	100	97	100	100
	<i>Enterococcus faecalis</i> <sup>x</sup>	22	-	100	-	-	-	-	-	-	-	-	-	-	-	-	100	100	

Resistance: 26% MRSA, 0%VRE, 32% ESBL

<sup>1</sup> Ampicillin susceptibility indicates susceptibility to amoxicillin, amoxicillin-clavulanate, ampicillin-sulbactam, and piperacillin-tazobactam

<sup>2</sup> When used for therapy of uncomplicated UTIs due to *E. coli*, *K. pneumoniae*, and *P. mirabilis*, cefazolin susceptibility indicates susceptibility to the oral agents cefaclor, cefdinir, cefpodoxime, cefprozil, cefuroxime axetil, and cephalexin

<sup>3</sup> Aztreonam use is reserved for severe penicillin allergy (e.g. anaphylaxis); caution: may cross-react with ceftazidime allergy

<sup>4</sup> Tetracycline susceptibility indicates susceptibility to doxycycline and minocycline; some organisms resistant to tetracycline may be susceptible to doxycycline or minocycline

<sup>5</sup> Use of 3rd generation cephalosporins is not recommended; these organisms frequently become resistant during therapy

<sup>6</sup> Formerly known as *Enterobacter aerogenes*

<sup>7</sup> Oxacillin and cefazolin are considered first-line antibiotic therapies for MSSA

<sup>8</sup> For staphylococci that test susceptible, aminoglycosides must be used in combination with beta-lactams or vancomycin for synergy

<sup>x</sup> Susceptibility rates determined on small sample size (<30) and may be statistically unreliable; interpret with caution