

Edinburg Regional Medical Center 2019– URINE

Gram Positive Pathogens % Sensitive (Sensitivities based on blood drug concentrations. Results may not be applicable to urine infections where antimicrobial concentrations are higher)	# Isolates	Penicillins		FQs	AGs ²	Other/Misc.						
		Ampicillin	Oxacillin	Levofloxacin	Gentamicin	Tetracycline	Clindamycin	Trimeth/Sulfa	Nitrofurantoin ³	Rifampin ⁴	Vancomycin ⁵	Linezolid
<i>Enterococcus faecalis</i>	94	100	-	78	-	18	-	-	99	-	100	96
<i>Enterococcus faecium</i> ⁶	15	-	-	-	87	20	-	-	-	±	13	93
<i>Staphylococcus aureus</i> ¹	27	±	67	70	96	93	70	100	96	100	100	100
<i>Staphylococcus epidermidis</i> ⁶	12	-	42	58	75	75	67	75	100	100	100	100
Lack of data indicates that the organism is intrinsically resistant to the antibiotic or that insufficient hospital susceptibility data exists												
AGs=Aminoglycosides, FQs=Fluoroquinolones, MSSA= Methicillin Susceptible Staphylococcus Aureus, MRSA= Methicillin Resistant Staphylococcus Aureus, VRE= Vancomycin Resistant Enterococcus, + = usually susceptible, ± = variably susceptible/resistant, - = usually resistant ¹ Oxacillin or Cefazolin 1 st line therapy for MSSA ² Not for monotherapy in gram positive infections. For gram positive synergy with Beta-Lactams or Vancomycin ³ For uncomplicated urinary tract infections only ⁴ Not to be used alone for antimicrobial therapy due to quick emergence of resistance ⁵ 1 st line therapy for severe MRSA infections ⁶ % susceptibility results based on small numbers (<30 isolates). Interpret results with caution. ⁷ 100% susceptible to Cefotaxime/Ceftriaxone												

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Gram Negative Pathogens % Sensitive (Sensitivities based on blood drug concentrations. Results may not be applicable to urine infections where antimicrobial concentrations are higher)	# Isolates	Penicillins			Cephalosporins				FQs	AGs			Other/Misc.		
		Ampicillin	Ampicillin/Sulb	Piperacillin/Taz	Cefazolin (1 st gen)	Cefoxitin (2 nd gen)	Ceftriaxone (3 rd gen)	Cefepime (4 th gen)	Levofloxacin	Amikacin	Gentamicin	Tobramycin	Trimeth/Sulfa	Nitrofurantoin ²	Meropenem ³
<i>Citrobacter freundii</i> ^{1,4}	10	-	-	70	-	-	60	80	70	+	70	70	90	90	100
<i>Enterobacter aerogenes</i> ^{1,4}	23	-	-	74	-	-	74	96	87	+	91	91	91	91	100
<i>Enterobacter cloacae</i> ^{1,4}	11	-	-	91	-	-	82	100	91	+	100	100	91	55	100
<i>Escherichia coli</i>	954	31	42	94	79	-	82	82	63	+	81	78	56	94	100
<i>Klebsiella pneumoniae</i>	169	-	60	88	73	-	75	75	85	+	83	80	68	31	97
<i>Morganella morganii</i> ⁴	8	-	25	100	-	-	88	100	88	+	75	100	38	-	100
<i>Proteus mirabilis</i>	95	78	86	100	98	-	100	100	87	+	91	89	78	-	100
<i>Pseudomonas aeruginosa</i>	56	-	-	84 ⁵	-	-	-	75	77	+	91	91	-	-	91
Lack of data indicates that the organism is intrinsically resistant to the antibiotic or that insufficient hospital susceptibility data exists															
AGs=Aminoglycosides, FQs=Fluoroquinolones, ESBL= Extended Spectrum Beta-Lactamase, + = usually susceptible, ± = variably susceptible/resistant, - = usually resistant ¹ May develop resistance during prolonged therapy with 3 rd generation cephalosporins. Isolates that are initially susceptible may become resistant within three to four days after initiation of therapy. Testing of repeat isolates may be warranted. ² For uncomplicated urinary tract infections only ³ Restricted to Infectious Disease consult ⁴ % susceptibility results based on small numbers (<30 isolates). Interpret results with caution. ⁵ Do not use if MIC>16.															