

**YORK HOSPITAL ANTIMICROBIAL SUSCEPTIBILITY TESTING \***

**Nursing Home Isolates Only ( Jan. - Dec. 2017 )**

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Drug Name	GRAM (+) COCCI					Gram (-) Rods							
	<i>Enterococcus faecalis</i>	<i>Enterococcus faecium</i> (18 isolates)	<i>Staphylococcus aureus</i> - methicillin susceptible (b)	<i>Staphylococcus aureus</i> - methicillin resistant (b)	<i>Staphylococcus sp., coagulase negative</i>	<i>Citrobacter freundii</i> complex (11 isolates)	<i>Enterobacter aerogenes</i> (11 isolates)	<i>Enterobacter cloacae</i> (d) (24 isolates)	<i>Escherichia coli</i>	<i>Klebsiella pneumoniae</i> grp.	<i>Morganella morganii</i> (15 isolates)	<i>Proteus mirabilis</i>	<i>Pseudomonas aeruginosa</i> (c)
Gentamicin (RRF)			100	100	90	100	100	96	87	97	87	88	80
Tobramycin (RRF)						91	91	96	86	94	93	88	90
Amikacin (RRF)						100	100	100	100	100	100	100	100
Penicillin (RRF)			0		0								
Ampicillin (RRF)	99	22	0		0				47			76	
Amoxicillin/Clavulanate (RRF) Augmentin			100						83	90		99	
Ampicillin/Sulbactam (RRF) Unasyn			100						54	81		86	
PIP/Tazobactam (RRF) Zosyn						91	100	83	98	92	100	100	92
Meropenem						100	100	100	100	97	100	100	87
Ertapenem						100	100	100	100	97	100	100	
Imipenem						100	100	100	100	97	100	100	88
Nafcillin (a)			100	0	51								
Rifampin (e)			100	98	100								
Vancomycin (RRF)	90	50	100	100	100								
Gentamicin Synergy Screen (f)	74	100											
Aztreonam						91	100	67	86	92	93	99	70
Cefazolin (RRF)			100		51				77	87		88	
Cefotetan (RRF)									99	97	100	100	
Cefotaxime						91	100	62	86	92	87	99	
Ceftriaxone						91	100	67	85	92	93	99	
Cefepime (RRF)						100	100	96	86	92	93	99	92
Clindamycin			72	43									
Doxycycline (h)	17	28	91	92	85	91	91	83	71	87			
TMP/SMX (RRF)			100	98	62	91	91	71	75	88	60	66	
Daptomycin	100	78	100	100	100								
Linezolid	97	94	100	100	100								
Synercid			100	100	100								
Nitrofurantoin (i)	99	60	100	100	100	100			95	38			
Ciprofloxacin (RRF)						91	100	79	55	92	73	55	67
Levofloxacin (RRF)	61	17	74	4	39	100	100	88	55	93	80	64	66

\* Antimicrobial susceptibility testing performed according to the guidelines set forth in: (1) Clinical Laboratory Standards Insitut (CLSI). Performance standards for antimicrobial disk susceptibility tests; approved standard-eleventh addition. M2-A12, Vol. 35 No. 1, January 2015; (2) CLSI. Methods for dilution antimicrobial susceptibility tests for bacteria that grow aerobically; approved standard-ninth edition. M7-A10, Vol. 35, No. 2, January 2015; and (3) CLSI. Performance Standards for Antimicrobial Susceptibility Testing; Twenty-Seventh Informational Supplement. M100-S27, Vol. 37, No. 1, January 2017.

**KEY: (%) Susceptibility is number in block.**  
**Dark shaded block = antimicrobial is usually not used or tested for this organism.**

- (a) Oxacillin tested.
- (b) Forty two percent (42%) of Staph aureus cultures were methicillin sensitive; 58% were MRSA.
- (c) For serious pseudomonas infections two antipseudomonas antibiotics should be used.
- (d) For serious *Serratia* or *Enterobacter* infections, cefepime plus an aminoglycoside or a quinolone alone should be used.
- (e) Should not be used for monotherapy since resistance develops rapidly
- (f) Predicts synergy when using a beta-lactam and an aminoglycoside in combination therapy
- (g) Used to predict susceptibility to cephalexin (Keflex) and other first generation cephalosporins
- (h) Tetracycline tested, a larger percentage of isolates may be sensitive to doxycycline.
- (i) Urinary tract isolates only

(RRF) Means dose should be adjusted for reduced renal function under 50ml/min. If adjustment is needed please contact the Pharmacy.