

EPHRATA COMMUNITY HOSPITAL ANTIMICROBIAL SUSCEPTIBILITY TESTING *

(Jan. - Dec. 2017) All Locations

Prepared by: Arthur E. Crist, Jr., Ph.D., Laboratory
Robert Patti, Pharm.D., Pharmacy

Drug Name	GRAM (+) COCCI					Gram (-) RODS									
	<i>Enterococcus faecalis</i>	<i>Enterococcus faecium</i> (19 organisms from 2016 combined w/39 organisms from 2015)	<i>Staphylococcus aureus</i> - methicillin susceptible (b)	<i>Staphylococcus aureus</i> - methicillin resistant (b)	<i>Staphylococcus sp.</i> , coagulase negative	<i>Citrobacter freundii</i> complex	<i>Enterobacter aerogenes</i> (d)	<i>Enterobacter cloacae</i> (d)	<i>Escherichia coli</i>	<i>Klebsiella pneumoniae</i> grp.	<i>Morganella morganii</i>	<i>Proteus mirabilis</i>	<i>Pseudomonas aeruginosa</i> (c)	<i>Serratia marcescens</i> (d)	
Gentamicin (RRF)			99	94	94	100	100	96	94	96	95	93	85	100	
Tobramycin (RRF)						100	98	95	95	95	97	94	98	97	
Amikacin (RRF)						100	100	100	99	100	100	97	95	100	
Penicillin (RRF)			18		20										
Ampicillin (RRF)	100	40							64			81			
Ampicillin/Sulbactam (RRF) Unasyn			100		67				68	83		91			
PIP/Tazobactam (RRF) Zosyn						94	96	88	99	97	97	99	99	76	
Ertapenem						100	98	98	99	99	100	100			
Imipenem						100	76	95	99	99				93	
Nafcillin (a)			100	0	50										
Vancomycin (RRF)	99	65	100	100	100										
Aztreonam						93	89	76	95	94	87	97	83	83	
Cefazolin (RRF)			100		50				90	83		90			
Ceftazidime						90	93	78	95	95	79	100	98	98	
Ceftriaxone						89	93	76	95	95	95	100			
Clindamycin			79	69	62										
Doxycycline (h)	19	30	95	91	82										
TMP/SMX (RRF)			100	99	76	96	98	84	82	91	87	78		100	
Daptomycin		85													
Linezolid		95		100											
Nitrofurantoin (i)	99	33	100	100	100										
Ciprofloxacin (RRF)	69	25	82	30	68	97	98	95	85	95	82	78	89	89	
Levofloxacin (RRF)	81	40	86	31	69	97	98	95	85	98	85	82	89	89	

* Antimicrobial susceptibility testing performed according to the guidelines set forth in: (1) Clinical Laboratory Standards Institute (CLSI). Performance standards for antimicrobial disk susceptibility tests; approved standard-eleventh edition. 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) Sixty seven percent (67%) of Staph aureus cultures were methicillin susceptible; 33% were MRSA.

(c) For serious pseudomonal infections two antipseudomonal 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.

GETTYSBURG HOSPITAL ANTIMICROBIAL SUSCEPTIBILITY TESTING *

(Jan. - Dec. 2017) All Locations

Prepared by: Arthur E. Crist, Jr., Ph.D., Laboratory
Robert Patti, Pharm.D., Pharmacy

Drug Name	GRAM (+) COCCI					Gram (-) RODS									
	<i>Enterococcus faecalis</i>	<i>Enterococcus faecium</i> (12 isolates)	<i>Staphylococcus aureus</i> - methicillin susceptible (b)	<i>Staphylococcus aureus</i> - methicillin resistant (b)	<i>Staphylococcus sp.</i> , coagulase negative	<i>Citrobacter freundii</i> complex (10 isolates)	<i>Enterobacter aerogenes</i> (d)	<i>Enterobacter cloacae</i> (d)	<i>Escherichia coli</i>	<i>Klebsiella pneumoniae</i> grp.	<i>Morganella morganii</i> (23 isolates)	<i>Proteus mirabilis</i>	<i>Pseudomonas aeruginosa</i> (c)	<i>Serratia marcescens</i> (d) (20 isolates)	
Gentamicin (RRF)			99	96	96	94	97	96	93	99	74	91	86	100	
Tobramycin (RRF)						88	97	98	93	99	78	92	97	90	
Amikacin (RRF)						94	100	100	99	100	100	100	100	100	
Penicillin (RRF)			0		0										
Ampicillin (RRF)	99	50	0		0				56			72			
Amoxicillin/Clavulanate (RRF) Augmentin			100		58				90	96		99			
Ampicillin/Sulbactam (RRF) Unasyn			100		58				65	89		88			
PIP/Tazobactam (RRF) Zosyn						88	100	100	98	98	96	100	97	90	
Meropenem						100	100	100	100	100	100	100	96	100	
Ertapenem						100	100	98	100	100	100	100		100	
Imipenem						100	100	100	100	100	100	100	93	100	
Nafcillin (a)			100	0	58										
Rifampin (e)			99	100	99										
Vancomycin (RRF)	98	75	100	100	100										
Gentamicin Synergy Screen (f)	70	83													
Aztreonam						94	97	94	95	99	83	99	82	100	
Cefazolin (RRF)			100		58				88	97		91			
Cefotetan (RRF)									99	100	96	100			
Cefotaxime						94	100	87	95	99	91	99		90	
Ceftriaxone						94	100	85	94	99	91	99		100	
Cefepime (RRF)						100	100	100	95	99	96	99	95	100	
Azithromycin															
Clindamycin			73	70	79										
Doxycycline (h)	16	25	95	97	86	88	94	83	79	86				0	
TMP/SMX (RRF)			100	100	69	88	97	87	82	93	74	68		80	
Daptomycin	99	83	100	99	100										
Linezolid	98	92	99	100	100										
Synercid			100	100	100										
Nitrofurantoin (i)	99	40	100	100	99	94			99	41					
Ciprofloxacin (RRF)						94	97	94	84	98	70	60	79	90	
Levofloxacin (RRF)	77	42	79	26	63	94	100	96	84	98	70	62	78	100	

* Antimicrobial susceptibility testing performed according to the guidelines set forth in: (1) Clinical Laboratory Standards Institute (CLSI). Performance standards for antimicrobial disk susceptibility tests; approved standard-eleventh edition. 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) Fifty seven percent (57%) of Staph aureus cultures were methicillin susceptible; 43% were MRSA.
- (c) For serious pseudomonal infections two antipseudomonal 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 cephalixin (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.

GOOD SAMARITAN HOSPITAL ANTIMICROBIAL SUSCEPTIBILITY TESTING *

(Jan. - Dec. 2017) All Locations

Prepared by: Arthur E. Crist, Jr., Ph.D., Laboratory
Robert Patti, Pharm.D., Pharmacy

	GRAM (+) COCCI						Gram (-) RODS									
	<i>Enterococcus faecalis</i>	<i>Enterococcus faecium</i>	<i>Staphylococcus aureus</i> - methicillin susceptible (b) (2016 data)	<i>Staphylococcus aureus</i> - methicillin resistant (b) (2016 data)	<i>Staphylococcus epidermidis</i>	<i>Streptococcus pneumoniae</i>	<i>Citrobacter freundii</i> complex	<i>Enterobacter aerogenes</i> (d)	<i>Enterobacter cloacae</i> (d)	<i>Escherichia coli</i>	<i>Klebsiella pneumoniae</i>	<i>Klebsiella oxytoca</i>	<i>Morganella morganii</i>	<i>Proteus mirabilis</i>	<i>Pseudomonas aeruginosa</i> (c)	<i>Serratia marcescens</i> (d)
Gentamicin (RRF)			98	98	86		98	100	96	93	98	100	82	99	92	100
Tobramycin (RRF)							97	100	99	93	97	97	95	99	99	93
Amikacin (RRF)							100	100	100	99	99	99	100	98	100	100
Penicillin (RRF)			0			89										
Ampicillin (RRF)	99	21	0						59				75			
Amoxicillin/Clavulanate (RRF) Augmentin			97		50	94				88	95	90		97		
Ampicillin/Sulbactam (RRF) Unasyn			96		50					65	87	69		96		
PIP/Tazobactam (RRF) Zosyn							96	90	87	98	97	91	99	99	96	85
Meropenem							100	100	99	99	99	100	98	100	99	100
Ertapenem							100	100	99	99	99	99	98	99		98
Imipenem							100	100	99	99	99	100	98	99	98	100
Nafcillin (a)			100	0	50											
Rifampin (e)			99	99	100											
Vancomycin (RRF)	96	37	100	100	100	100										
Gentamicin Synergy Screen (f)	78	95														
Aztreonam							87	90	82	93	96	92	88	96	83	91
Cefazolin (RRF)			100							95	95	42		94		
Cefuroxime (RRF)									90	94	86			98		
Cefotaxime						96	88	91	82	94	97	94	90	99		93
Ceftriaxone					50	98	82	87	79	94	97	93	95	99		96
Cefepime (RRF)						98	99	100	100	95	97	95	99	99	93	100
Azithromycin						70										
Clindamycin			77	65	65	89										
Doxycycline (h)	23	16	93	92	83	89	88	91	86	81	86	96				
TMP/SMX (RRF)			99	97	66	76	88	96	90	81	91	98	65	61		96
Daptomycin	99	87	99	99	99											
Linezolid	99	100	99	99	100											
Synercid			98	98	99											
Nitrofurantoin (i)	100	68	98	98	99		89			97	46	88				
Ciprofloxacin (RRF)					58		93	96	92	81	94	99	61	53	89	98
Levofloxacin (RRF)	73	16	88	35	58	98	99	99	96	81	96	99	66	54	88	96

* Antimicrobial susceptibility testing performed according to the guidelines set forth in: (1) Clinical Laboratory Standards Institute (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) Sixty one percent (61%) of Staph aureus cultures were methicillin susceptible; 39% were MRSA.
- (c) For serious pseudomonal infections two antipseudomonal 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 cephalixin (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.

YORK HOSPITAL ANTIMICROBIAL SUSCEPTIBILITY TESTING * (Jan. - Dec. 2017)

Inpatient Isolates Only

Prepared by: Arthur E. Crist, Jr., Ph.D., Laboratory
Robert Patti, Pharm.D., Pharmacy

Drug Name	GRAM (+) COCCI						Gram (-) RODS								
	<i>Enterococcus faecalis</i>	<i>Enterococcus faecium</i>	<i>Staphylococcus aureus</i> - methicillin susceptible (b)	<i>Staphylococcus aureus</i> - methicillin resistant (b)	<i>Staphylococcus sp.</i> , coagulase negative	<i>Streptococcus pneumoniae</i>	<i>Citrobacter freundii</i> complex	<i>Enterobacter aerogenes</i> (d)	<i>Enterobacter cloacae</i> (d)	<i>Escherichia coli</i>	<i>Klebsiella pneumoniae</i> grp.	<i>Morganella morganii</i>	<i>Proteus mirabilis</i>	<i>Pseudomonas aeruginosa</i> (c)	<i>Serratia marcescens</i> (d)
Gentamicin (RRF)			99	99	84		92	98	98	93	95	98	92	89	100
Tobramycin (RRF)							92	98	98	92	91	95	92	94	91
Amikacin (RRF)							100	100	100	99	99	100	100	100	100
Penicillin (RRF)					0	100									
Ampicillin (RRF)	100	41			0					54			80		
Amoxicillin/Clavulanate (RRF) Augmentin			100		45	97				88	89		98		
Ampicillin/Sulbactam (RRF) Unasyn			100		45					63	81		90		
PIP/Tazobactam (RRF) Zosyn							100	90	87	96	91	100	100	94	84
Meropenem						87	100	96	99	99	95	100	100	96	100
Ertapenem							100	96	99	99	95	100	100		100
Imipenem							100	96	99	99	95	100	100	94	100
Nafcillin (a)			100	0	45										
Rifampin (e)			99	99	98										
Vancomycin (RRF)	93	55	100	100	100	100									
Gentamicin Synergy Screen (f)	78	94													
Aztreonam							96	88	89	92	90	93	97	80	89
Cefazolin (RRF)			100		45					91	87		89		
Cefotetan (RRF)										99	96	100	100		
Cefotaxime						100	100	88	87	92	91	93	97		77
Ceftriaxone						97	96	86	87	92	91	95	97		95
Cefepime (RRF)						97	100	94	97	92	91	95	97	96	100
Azithromycin						59									
Clindamycin			82	49	65										
Doxycycline (h)	23	33	96	89	82	90	92	94	91	77	83				5
TMP/SMX (RRF)			100	97	68	85	88	100	91	81	88	83	73		93
Daptomycin	99	71	99	99	100										
Linezolid	98	84	100	100	100										
Synercid			100	100	98										
Nitrofurantoin (i)	99	40	100	100	99		100			97	40				
Ciprofloxacin (RRF)							96	98	97	76	89	97	68	77	89
Levofloxacin (RRF)	79	35	88	20	58	97	96	98	99	76	91	90	74	76	93

* Antimicrobial susceptibility testing performed according to the guidelines set forth in: (1) Clinical Laboratory Standards Institute (CLSI). Performance standards for antimicrobial disk susceptibility tests; approved standard-twelfth addition. M2-A12, Vol. 35, No. 1, January 2015; (2) CLSI. Methods for dilution antimicrobial susceptibility tests for bacteria that grow aerobically; approved standard-tenth 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) Fifty nine percent (59%) of Staph aureus cultures were methicillin susceptible; 41% were MRSA.
- (c) For serious pseudomonal infections two antipseudomonal 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 cephalixin (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.

ORK HOSPITAL ANTIMICROBIAL SUSCEPTIBILITY TESTING * (Jan. - Dec. 2017

Outpatient Isolates Only

Prepared by: Arthur E. Crist, Jr., Ph.D., Laboratory
Robert Patti, Pharm.D., Pharmacy

Drug Name	GRAM (+) COCCI					Gram (-) RODS									
	<i>Enterococcus faecalis</i>	<i>Enterococcus faecium</i> (23 Isolates)	<i>Staphylococcus aureus</i> - methicillin susceptible (b)	<i>Staphylococcus aureus</i> - methicillin resistant (b)	<i>Staphylococcus sp.</i> , coagulase negative	<i>Citrobacter freundii</i> complex	<i>Enterobacter aerogenes</i> (d)	<i>Enterobacter cloacae</i> (d)	<i>Escherichia coli</i>	<i>Klebsiella pneumoniae</i> grp.	<i>Morganella morgani</i>	<i>Proteus mirabilis</i>	<i>Pseudomonas aeruginosa</i> (c)	<i>Serratia marcescens</i> (d)	
Gentamicin (RRF)			99	98	95	92	100	100	94	99	87	90	89	100	
Tobramycin (RRF)						98	98	98	94	98	93	90	97	96	
Amikacin (RRF)						100	100	100	99	99	100	100	99	100	
Penicillin (RRF)			0		0										
Ampicillin (RRF)	99	61	0		0				62			83			
Amoxicillin/Clavulanate (RRF) Augmentin			100		57				91	95		96			
Ampicillin/Sulbactam (RRF) Unasyn			100		57				68	87		89			
PIP/Tazobactam (RRF) Zosyn						98	94	92	99	97	98	100	100	93	
Meropenem						100	100	100	100	99	100	100	97	100	
Ertapenem						100	100	99	100	99	100	100		100	
Imipenem						100	100	100	100	99	100	100	94	100	
Nafcillin (a)			100	0	57										
Rifampin (e)			99	100	99										
Vancomycin (RRF)	98	87	100	100	100										
Gentamicin Synergy Screen (f)	85	96													
Aztreonam						90	95	90	97	97	93	99	89	96	
Cefazolin (RRF)			100		57				90	95		90			
Cefotetan (RRF)									99	99	96	100			
Cefotaxime						88	91	86	97	98	89	99		89	
Ceftriaxone						88	91	87	96	98	91	99		96	
Cefepime (RRF)						100	98	97	97	98	98	99	99	100	
Azithromycin															
Clindamycin			79	74	74										
Doxycycline (h)	26	48	93	94	86	79	97	88	81	87				12	
TMP/SMX (RRF)			99	99	79	83	100	91	83	92	76	82		100	
Daptomycin	99	83	99	99	100										
Linezolid	97	96	100	100	100										
Synercid			99	100	98										
Nitrofurantoin (i)	99	42	100	100	99	91			99	41					
Ciprofloxacin (RRF)						96	97	98	87	97	91	83	84	100	
Levofloxacin (RRF)	88	43	86	22	75	98	97	100	87	98	91	89	83	100	

* Antimicrobial susceptibility testing performed according to the guidelines set forth in: (1) Clinical Laboratory Standards Institute (CLSI). Performance standards for antimicrobial disk susceptibility tests; approved standard-twelfth edition. M2-A12, Vol. 35, No. 1, January 2015; (2) CLSI. Methods for dilution antimicrobial susceptibility tests for bacteria that grow aerobically; approved standard-tenth 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) Sixty three percent (63%) of Staph aureus cultures were methicillin susceptible; 37% were MRSA.
- (c) For serious pseudomonal infections two antipseudomonal 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 cephalixin (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.

YORK HOSPITAL ANTIMICROBIAL SUSCEPTIBILITY TESTING *

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

Prepared by: **Arthur E. Crist, Jr., Ph.D., Laboratory**
Robert Patti, Pharm.D., Pharmacy

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.