

Using this Antibiogram

- This antibiogram provides useful information for the selection of empiric antibiotic treatment when a presumptive diagnosis of infection with a specific bacteria is made.
- The numbers represent the percentage of isolates that are susceptible to the antimicrobial. Susceptibility percent for each organism / antibiotic combination is generated by including the first isolate of that organism encountered on a given patient.
- A lack of data indicates that the organism is intrinsically resistant to the antibiotic, or that insufficient data (< 10 isolates) exists.
- Isolates from certain inpatient floors (ICU, etc.) may be more resistant than isolates on the general medicine floors. Use susceptibility data wisely.
- Review footnotes for valuable information useful in antibiotic selection.
- When patient specific cultures and susceptibilities become available, alteration of drug therapy may be appropriate.
- Pharmacy or microbiology consults are available.

Contact Information

Pharmacy Services	Ext. 5063
Brittany Bates, ID Pharmacist	Ext. 2528
Microbiology	Ext. 2338
Jeff Smith, Microbiology Supervisor	Ext. 2452

Footnotes based on CLSI Document M100-S27

a = Oxacillin-resistant staphylococci are resistant to all other beta-lactam class of agents, i.e., penicillins, B-lactamase/B-lactamase inhibitor combinations, cepheids (with the exception of ceftaroline) and carbapenems.

b = Isolates that are sensitive to tetracycline are also considered sensitive to doxycycline and minocycline. However, some organisms that are intermediate or resistant to tetracycline may be susceptible to doxycycline and minocycline or both.

c = The following antimicrobial agents should not be used for bacteria isolated from the CSF: Agents administered by oral route only, 1st and 2nd generation cephalosporins, clindamycin, macrolides, tetracyclines and fluoroquinolones.

d = Susceptibility to azithromycin, clarithromycin and dirithromycin can be predicted by testing erythromycin.

e = Strains of Klebsiella spp., E. coli and P. mirabilis that produce ESBLs (Extended-Spectrum Beta-lactamases) may be clinically resistant to therapy with penicillins, cephalosporins or aztreonam, despite apparent in vitro susceptibility to some of these agents.

f = Combination therapy of ampicillin, penicillin or vancomycin (for susceptible strains), plus an aminoglycoside, is usually indicated for serious enterococcal infections, such as endocarditis, unless high-level resistance to both gentamicin and streptomycin is documented; such conditions are predicted to result in synergistic killing of the enterococcus.

g = Not routinely used on organisms from the urinary tract.

h = Recommended for use only against isolates in the urinary tract.

i = Rifampin should not be used alone for antibiotic therapy.

j = Enterobacter, Citrobacter and Serratia may develop resistance during prolonged therapy with third-generation cephalosporins as a result of derepression of AmpC- beta lactamase. Therefore, isolates that are initially susceptible may become resistant within three to four days after initiation of therapy. Testing of repeat isolates may be warranted.

k = Daptomycin is not indicated for treating respiratory infections.

Generic Name	Trade Name	Dosage grams/ dose	Dosing schedule	Daily drug cost
Penicillins				
Amoxicillin/clavulanate	Augmentin	0.5	3	\$
Ampicillin	Omnipen	0.5	4	\$
Ampicillin/sulbactam	Unasyn	1.5	4	\$
Oxacillin		1	4	\$
Penicillin VK		0.5	4	\$
Penicillin G Potassium		5 MU	4	\$
Piperacillin/tazobactam	Zosyn	3.375	3	\$\$
Cephalosporins				
Cefazolin	Ancef	1	3	\$
Cefdinir *	Omnicef	0.3	2	\$
Cefotetan	Cefotan	1	2	\$
Cefuroxime	Zinacef	0.75	3	\$
Cefotaxime	Claforan	1	3	\$
Ceftazidime	Fortaz	1	3	\$
Ceftriaxone	Rocephin	1	1	\$
Cefepime	Maxipime	1	3	\$
Aminoglycosides				
Amikacin	Amikin	0.5	2	\$
Gentamicin	Garamycin	0.08	3	\$
Tobramycin	Nebcin	0.08	3	\$
Macrolides				
Erythromycin	Erythrocin	1	4	\$\$\$\$
Fluoroquinolones				
Ciprofloxacin	Cipro	0.4	2	\$
Levofloxacin	Levaquin	0.5	1	\$
Monobactams				
Aztreonam	Azactam	1	3	\$\$\$\$
Carbapenems				
Ertapenem	Invanz	1	1	\$\$\$\$
Meropenem	Merrem	1	3	\$
Others				
Clindamycin	Cleocin	0.6	4	\$
Daptomycin	Cubicin	0.5	1	\$\$\$\$
Linezolid	Zyvox	0.6	2	\$\$\$\$
Nitrofurantoin	Macrobid	0.1	2	\$
Rifampin	Rifadin	0.6	1	\$\$\$\$
Doxycycline (Tetracycline)	Vibramycin	0.1	2	\$
Tigecycline	Tygacil	0.05	2	\$\$\$\$
Trimethoprim/sulfamethox.	Bactrim	1	2	\$
Vancomycin	Vancocin	1	2	\$
* Antimicrobial susceptibility not performed on these antibiotics		Cost key: \$= \$0-25 \$\$= \$25.01-50 \$\$\$= \$50.01-75 \$\$\$\$= \$75.01-100 \$\$\$\$\$= \$100 and above		

2016
ANTIBIOGRAM

Antibiotic
Cumulative
Summary

1001 Bellefontaine Avenue | Lima, OH
419-228-3335 | limamemorial.org/physician-portal

