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2024
INPATIENT
Antibiogram

St. Joseph's Hospital Health Center

Data Are Percent Susceptible

January 2023 – December 2023

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			Empiric treatment PCN severe (anaphylaxis)
Acquired Pneumonia **Risk factor:** Prior isolation of MRSA or Pseudomonas in the last year	**NON ICU** Ceftriaxone 1g IV q 24h + Azithromycin 500mg IV/PO daily x 3 days **ICU** Ceftriaxone 1g IV q 24h + Azithromycin 500mg IV q 24h **Pseudomonas Risk** Zosyn 4.5g IV x 1 dose over 30 min, then 4.5g IV over 4 hr q 8h **Add Vancomycin or Linezolid if MRSA suspected**	**NON ICU** Ceftriaxone 1g IV q 24h + Azithromycin 500mg IV/PO daily x 3 days **ICU** Ceftriaxone 1-2g IV q 24h + Azithromycin 500mg IV q 24h **Pseudomonas Risk** Cefepime 2g IV q 8h **Add Vancomycin or linezolid if MRSA suspected**	**NON ICU** Levofloxacin 750mg IV/PO q 24hx 5 days **ICU** Levofloxacin 750mg IV q 24h + Aztreonam 2g IV q 8h **Add Vancomycin or linezolid if MRSA suspected**
CNS infections	Ceftriaxone 2g IV q 12h + Vancomycin IV ≥50 years, pregnancy, or immunocompromised add ampicillin 2g IV q 4h Dexamethasone 10mg IV q 6h x 4 days (15 to 20 min prior to or with antibiotics) Do not start if >4 hrs from start of antibiotics. D/C if not pneumococcal meningitis If signs of encephalitis: Add Acyclovir 10mg/kg IV q 8h (IV fluids)	Ceftriaxone 2g IV q 12h + Vancomycin IV ≥50 years, pregnancy, or immunocompromised add TMP-SMX 5mg/kg (TMP) IV q 6h Dexamethasone 10mg IV q 6h x 4 days (15 to 20 min prior to or with antibiotics) Do not start if >4 hrs from start of antibiotics. D/C if not pneumococcal meningitis If signs of encephalitis: Add Acyclovir 10mg/kg IV q 8h (IV fluids)	**Call ID consult:** Meropenem 2g IV q 8h + Vancomycin IV ≥50 years, pregnancy, or immunocompromised add TMP-SMX 5mg/kg (TMP) IV q 6h Dexamethasone 10mg IV q 6h x 4 days (15 to 20 min prior to or with antibiotics) Do not start if >4 hrs from start of antibiotics. D/C if not pneumococcal meningitis If signs of encephalitis: Add Acyclovir 10mg/kg IV q 8h (IV fluids)
Febrile Neutropenia	Zosyn 4.5g IV x 1 dose over 30 min, then 4.5g IV over 4 hr q 8h ± Vancomycin IV (Serious IV catheter-related infections, blood culture with gram-positive bacteria, known colonization with MRSA, clinical instability (hypotension/shock) or soft tissue infection.	Cefepime 2g IV q 8h ± Vancomycin IV (Serious IV catheter-related infections, blood culture with gram-positive bacteria, known colonization with MRSA, clinical instability (hypotension/shock) or soft tissue infection.	Meropenem 2g IV q 8h + Vancomycin IV
Community Acquired Intra-abdominal Appendicitis Choleycystitis Diverticulitis	Ceftriaxone 1g IV q 24h + Metronidazole 500mg IV q 8-12h	Ceftriaxone 1g IV q 24h + Metronidazole 500mg IV q 8-12h	Ertapenem with ID approval
Health-Care Associated Severe Intra-abdominal Infections	Zosyn 4.5g IV x 1 dose over 30 min, then 4.5g IV over 4 hr q 8h	Cefepime 2g IV q 12h + Metronidazole 500mg IV q 8-12h	Meropenem 2g IV q 8h
Skin & Soft Tissue Infection Duration: 5-10 days	**Nonpurulent cellulitis** Cefazolin 1-2 gm IV q8h **Purulent Cellulitis** Vancomycin IV **Severe (r/o necrotizing infections)** Surgical Consult Zosyn 4.5g IV x 1 dose over 30 min, then 4.5g IV over 4 hr q 8h + Vancomycin (or linezolid 600mg IV q 12h ID approval)	**Nonpurulent cellulitis** Cefazolin 1-2 gm IV q8h **Purulent Cellulitis** Vancomycin IV **Severe (r/o necrotizing infections)** Surgical Consult Meropenem 2g IV q 8h (ID approval) + Vancomycin (or linezolid 600mg IV q 12h ID approval)	**Nonpurulent cellulitis** Vancomycin IV **Purulent Cellulitis** Vancomycin IV **Severe (r/o necrotizing infections)** Surgical Consult Meropenem (ID approval) 2g IV q 8h + Linezolid 600mg IV q 12h

Choice of Antimicrobial Therapy

A. Empiric Therapy:

Prior to receiving specific susceptibility results, drugs to which organisms are greater than 80% susceptible are generally considered good choices, although patient history, site of infection, and specific pharmacologic properties as they apply to the particular patient must be taken into account.

B. Therapeutic Therapy:

The drug of choice for treatment of an infection is usually the most active drug against the pathogenic organism or the organism most likely to cause infection. Choice of drugs should be modified by site of infection and patient's clinical status regarding allergy, renal function, immune status or pregnancy.

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Laboratory Alliance of CNY-St. Joseph's Hosp Health CTR Inpatient Antibiogram: January 2023 - December 2023

Prepared by: Russell Rawling, MS Microbiology Manager

(Data are % susceptible)

Organism Display	Number of Isolates*	Ampicillin	Amoxicillin/clavulanate	Ampicillin/sulbactam	Piperacillin/tazobactam!!	Cefazolin**	Cefoxitin	Cefepime	Cefiderocol	Ceftazidime	Ceftriaxone	Ertapenem	Meropenem	Ciprofloxacin	Levofloxacin	Gentamicin++	Tobramycin	Amikacin##	Tetracycline (Doxycycline)	Minocycline	Trimethoprim / sulfamethoxazole (Bactrim)	Nitrofurantoin	Clindamycin	Erythromycin	Azithromycin	Oxacillin+	Penicillin	Vancomycin	Rifampin++	Daptomycin!	Linezolid	Gentamicin-Synergy
ESCHERICHIA COLI	1106	50	81	ND	94/95	77	91	87	ND	87	86	100	100	74	71	91	88	100	75	ND	77	96									
KLEBSIELLA PNEUMONIAE	431	0	89	ND	84/94	73	91	82	ND	81	82	99	99	82	75	93	93	100	76	ND	82	35									
PROTEUS MIRABILIS	191	83	100	ND	100/100	78	91	97	ND	97	95	79	98	74	73	96	95	100	0	ND	82	0									
ENTEROBACTER CLOACAE COMPLEX	155	0	1	ND	76/80	1	0	97	ND	77	75	93	96	88	84	95	95	100	82	ND	86	44									
SERRATIA MARCESCENS	92	0	0	ND	95/96	0	4	100	ND	100	98	100	100	91	85	100	96	100	19	ND	100	0									
KLEBSIELLA OXYTOCA	91	0	94	ND	91/98	62	91	96	ND	96	96	100	100	95	94	99	99	100	86	ND	98	100									
MORGANELLA MORGANII	47	0	2	ND	98/98	0	53	100	ND	78	84	100	100	73	73	100	100	100	49	ND	80	0									
CITROBACTER FREUNDII	34	0	0	ND	85/88	0	0	100	ND	85	85	100	100	91	79	94	94	100	82	ND	88	90									
PSEUDOMONAS AERUGINOSA	360	NI	NI	NI	86	NI	NI	88	ND	85	NI	NI	87	83	70	NI	99	99	NI	NI	NI	NI									
BETA STREP GRP A- BLOOD & SOFT TISSUE	130	100									100				94				70				71	69			100	100		100	
BETA STREP GRP B- BLOOD & SOFT TISSUE	124	100									100				97				0				38	23			100	100		100	
ENTEROCOCCUS SP., VSE	219	84												68	69				50			84					83	100		71	99	75
ENTEROCOCCUS SP., VRE	93	17												5	5				0			25					15	0		ND	97	91
STAPH. AUREUS, MSSA	521													92	93	100			94		93	100	74	65		100		100	100	100	100	
STAPH. AUREUS, MRSA	492													22	23	100			80		75	100	62	12		0		100	99	100	100	
STAPH. SPECIES, COAG.NEG	93													74	76	97			75		74	99	50	36		47		100	98	100	100	
STAPHYLOCOCCUS EPIDERMIDIS	89													54	54	84			70		55	100	45	28		30		100	98	100	100	
ACINETOBACT BAUMANII COMM WIDE	112			81	49			65		47			56	40	44	73	97				52										
STENOTROPH MALTOPHILIA COMM WIDE	312								100						76					100	99										
HAEM INFLUENZAE COMM WIDE	121	60	100								98		100		100				79		60										
STREP PNEUMONIAE COMM WIDE	109										96				100				80		86		87	67	67		#99	100			100	

* Note: isolates from all sources; urine, blood, respiratory, wound, etc.

\+ Oxacillin susceptible Staph are also susceptible to other penicillinase resistant penicillins, betalactam/betalactamase inhibitor combinations, cephems,and carbapenems FDA approved to treat Staph infections.

++ Gentamicin and Rifampin may be used in combination with other drugs against Staph isolates.

! Data is for E faecalis only.

!! Pip/Taz data for ENTERICS: 1st % is Susceptible (<=8/4) and 2nd % is Susceptible plus Susceptible Dose Dependent (<=16/4)

99% were in the intermediate or susceptible range indicating many could be treated for pneumonia with appropriate dosing of an IV penicillin.

Amikacin is only indicated for P aeruginosa from urine specimens.

NI= drug not active

ND = No data

The percentage in red are greater than or equal to 80% susceptibility, potentially useful for empiric therapy.