West Park Hospital (Hospital Wide)

(1C, 1D, 2C, 2D, 2EA, 2EB, 2EC, 2WD, 2WE, 2WF, 3C, 3D, 3EA, 3EB, 3EC, 3WD, 3WE, 3WF, 4C, 4D, 5C, 5D, 6C, 6D, ABI, ELS)

January 01 - December 31, 2024

Table 1. All Specimens except Surveillance - % Susceptible

Gram Negative Organism	Ampicillin	Amoxicillin - Clavulanic Acid	Ceftriaxone	Ceftazidime	Trimethoprim - Sulfamethoxazole	Ciprofloxacin	Gentamicin	Tobramycin	Meropenem	Piperacillin - Tazobactam
Escherichia coli ^	43 n=110	58 n=110	75 n=110		68 n=110	43 n=110	91 n=110	91 n=110	100 n=110	98 n=62
Klebsiella pneumoniae ^8		73 n=48	83 n=48		69 n=48	60 n=48	96 n=48	83 n=48	100 n=48	100 n=27
Pseudomonas aeruginosa				86 n=78		80 n=78		100 n=78	81 n=78	88 n=75
Enterobacter cloacae complex ^^ (#)					91 n=21	86 n=21	100 n=21	100 n=21	100 n=21	
Proteus mirabilis ^	79 n=38	89 n=38	92 n=38		74 n=38	61 n=38	89 n=38	89 n=38	100 n=38	n=0

General Notes:

- 1. Antibiogram results, patient risk factors for resistant organisms, and hospital epidemiology should be considered together to help guide empiric treatment of initial infections. Treatment should be re-evaluated as additional information from culture and sensitivity become available.
- 2. n = # of isolates tested
- 3. (#) = Analysis based on less than 30 isolates. Statistical comparison on results with less than 30 isolates is unreliable.
- 4. Calculation of results based on the first isolate per patient.

Organism-Specific Notes:

^ Includes ESBL and HL-AmpC isolates (25% of total *E.coli* isolates identified, 15.7% of total *K.pneumoniae* isolates identified, and 7.9% of total *P. mirabilis* identified.)

8 Includes Carbapenem-resistant isolates (2 % of total K.pneumoniae isolates)

^^ Enterobacter species and other SPICE organisms (Serratia, Providencia, Morganella, Citrobacter species and Klebsiella aerogenes) contain a chromosomal AmpC B-lactamase. Treatment with penicillins, cephalosporins, broad spectrum penicillins, and B-lactam/B-lactamase inhibitor combinations (i.e. piperacillin-tazobactam) is not recommended.

West Park Hospital (Hospital Wide)

(1C, 1D, 2C, 2D, 2EA, 2EB, 2EC, 2WD, 2WE, 2WF, 3C, 3D, 3EA, 3EB, 3EC, 3WD, 3WE, 3WF, 4C, 4D, 5C, 5D, 6C, 6D, ABI, ELS)

January 01 - December 31, 2024

Table 2. All specimens except Surveillance - % Susceptible

Gram Positive Organism	Ampicillin	Cloxacillin	Cefazolin	Clindamycin	Erythromycin	Trimethoprim - Sulfamethoxazole	Tetracycline *	Rifampin **	Vancomycin
Staphylococcus aureus (all)		42 n=69	42 n=69		(see MSSA	and MRSA	۸)	
Methicillin Sensitive S.aureus (MSSA) (#)		100 n=29	100 n=29	76 n=29	76 n=29	100 n=29			100 n=29
Methicillin Resistant S.aureus (MRSA) ^				70 n=40	45 n=40	98 n=40	100 n=40	98 n=40	100 n=40
Enterococcus faecalis^^	100 n=46								100 n=45
Enterococcus faecium ^^(#)	40 n=5								80 n=5

General Notes:

- 1. Antibiogram results, patient risk factors for resistant organisms, and hospital epidemiology should be considered together to help guide empiric treatment of initial infections. Treatment should be re-evaluated as additional information from culture and sensitivity become available.
- 2. n = # of isolates tested
- 3. (#) = Analysis based on less than 30 isolates. Statistical comparison on results with less than 30 isolates is unreliable.
- 4. Calculation of results based on the first isolate per patient.

Organism-Specific Notes:

- ^ *Methicillin Resistant S.aureus (MRSA)* is resistant to all B-Lactams (penicillins, cephalosporins, B-lactam/B-lactamase inhibitor combinations, and carbapenems).
- ^^ Includes *Vancomycin-Resistant Enterococcus* species, Clindamycin, Trimethoprim/Sulfamethoxazole and all Cephalosporins are ineffective against *Enterococcus* species.

- * Organisms that are susceptible to Tetracycline are also considered susceptible to Doxycycline.
- ** Rifampin should not be used alone for therapy.

West Park Hospital (Hospital Wide)

(1C, 1D, 2C, 2D, 2EA, 2EB, 2EC, 2WD, 2WE, 2WF, 3C, 3D, 3EA, 3EB, 3EC, 3WD, 3WE, 3WF, 4C, 4D, 5C, 5D, 6C, 6D, ABI, ELS)

January 01 - December 31, 2024

Table 3. Urine Isolates - % Susceptible

Crom Nagative Ore	Ampicillin	Ciprofloxacin	Nitrofurantoin	Trimethoprim - Sulfamethoxazole	Gentamicin	Tobramycin	Ceftriaxone	Amoxicillin - Clavulanic Acid	Piperacillin - Tazobactam	Meropenem	Vancomycin	Cefazolin **
Gram Negative Org	anism	r	,		1		1			1		
Escherichia coli ^	43 n=103	43 n=103	94 n=103	67 n=103	90 n=103	91 n=103	76 n=103	59 n=103	98 n=61	100 n=103		67 n=103
Klebsiella pneumoniae ^8		54 n=39	36 n=39	69 n=39	95 n=39	80 n=39	82 n=39	69 n=39	100 n=23	100 n=39		79 n=39
Proteus mirabilis ^	87 n=31	65 n=31	0 n=31	81 n=31	90 n=31	94 n=31	97 n=31	94 n=31	n=0	100 n=31		90 n=31
Gram Positive Orga	anism											
Enterococcus faecalis ^^	100 n=43	74 n=43	100 n=43								100 n=42	
Enterococcus faecium ^^(#)	50 n=4	25 n=4	0 n=4								100 n=4	

General Notes:

- 1) Antibiogram results, patient risk factors for resistant organisms, and hospital epidemiology should be considered together to help guide empiric treatment of initial infections. Treatment should be re-evaluated as additional information from culture and sensitivity become available.
- 2) n = # of isolates tested
- 3) Calculation of results based on the first isolate per patient.
- 4) (#) = Analysis based on less than 30 isolates. Statistical comparison on results with less than 30 isolates is unreliable.

Organism-Specific Notes:

- ^ Includes ESBL and HL-AmpC isolates (24% of total *E. coli* isolates identified, 16.7% of total *K.pneumoniae* isolates identified, and 3.2% of total *P. mirabilis* identified.)
- 8 Includes Carbapenem-resistant isolates (2.4 % of total K.pneumoniae isolates)
- ^^ Includes Vancomycin-Resistant Enterococcus species

Antibiotic - Specific Notes:

**The urinary (not systemic) interpretation of Cefazolin can be used to predict susceptibility to Cephalexin (Keflex) for uncomplicated UTI.

LifeLabs – ANTIBIOGRAM West Park Hospital (CCC)

(4C, 4D, 5D, 6C, 6D,2EA, 2WD, 2WE, 2WF, 3WD, 3WE, ELS) January 01 – December 31, 2024

Table 1. All specimens except Surveillance - % Susceptible

Gram Negative Organism	Ampicillin	Amoxicillin - Clavulanic Acid	Ceftriaxone	Ceftazidime	Trimethoprim - Sulfamethoxazole	Ciprofloxacin	Gentamicin	Tobramycin	Meropenem	Piperacillin - Tazobactam
Escherichia coli ^	41 n=46	57 n=46	72 n=46		72 n=46	22 n=46	89 n=46	85 n=46	100 n=46	100 n=28
Klebsiella pneumoniae ^8(#)		59 n=27	78 n=27		52 n=27	52 n=27	96 n=27	75 n=28	100 n=27	100 n=12
Pseudomonas aeruginosa				84 n=49		78 n=49		100 n=49	73 n=48	92 n=47
Serratia marcescens^^ (#)					100 n=10	55 n=11	100 n=11	100 n=11	100 n=11	
Proteus mirabilis ^ (#)	76 n=25	84 n=25	88 n=25		72 n=25	40 n=25	88 n=25	84 n=25	100 n=25	

General Notes:

- 5. Antibiogram results, patient risk factors for resistant organisms, and hospital epidemiology should be considered together to help guide empiric treatment of initial infections. Treatment should be re-evaluated as additional information from culture and sensitivity becomes available.
- 6. n = # of isolates tested
- 7. (#) = Analysis based on less than 30 isolates. Statistical comparison on results with less than 30 isolates is unreliable.
- 8. Calculation of results based on the first isolate per patient.

Organism-Specific Notes:

^ Includes ESBL and HL-AmpC isolates 28.2 % of total *E.coli* isolates identified, 21.4 % of total *K.pneumoniae* isolates identified, and 12 % of *P. mirabilis* isolates identified)

8 Includes Carbapenem-resistant isolates (3.5 % of total *K.pneumoniae* isolates)

^^ SPICE organisms (*Serratia, Providencia, Morganella, Citrobacter* species and *Klebsiella aerogenes*) contain a chromosomal AmpC B-lactamase. Treatment with penicillins, cephalosporins, broad spectrum penicillins, and B-lactam/B-lactamase inhibitor combinations (i.e. piperacillin-tazobactam) is not recommended.

LifeLabs - ANTIBIOGRAM West Park Hospital (CCC)

(4C, 4D, 5D, 6C, 6D,2EA, 2WD, 2WE, 2WF, 3WD, 3WE, ELS) January 01 – December 31, 2024

Table 2. All specimens except Surveillance - % Susceptible

Gram Positive Organism	Ampicillin	Cloxacillin	Cefazolin	Clindamycin	Erythromycin	Trimethoprim - Sulfamethoxazole	Tetracycline *	Rifampin **	Vancomycin
Staphylococcus aureus (all)		49 n=35	49 n=35		(5	see MSSA	and MRS	SA)	
Methicillin Sensitive S.aureus (MSSA)(#)		100 n=17	100 n=17	97 n=17	94 n=17	100 n=17			100 n=17
Methicillin Resistant S.aureus (MRSA) ^ (#)				78 n=18	39 n=18	100 n=18	100 n=18	100 n=18	100 n=18
Enterococcus faecalis ^^ (#)	100 n=17								100 n=17

General Notes:

- 5. Antibiogram results, patient risk factors for resistant organisms, and hospital epidemiology should be considered together to help guide empiric treatment of initial infections. Treatment should be re-evaluated as additional information from culture and sensitivity become available.
- 6. n = # of isolates tested
- 7. (#) = Analysis based on less than 30 isolates. Statistical comparison on results with less than 30 isolates is unreliable.
- 8. Calculation of results based on the first isolate per patient.

Organism-Specific Notes:

- ^ *Methicillin Resistant S.aureus (*MRSA) is resistant to all B-Lactams (penicillins, cephalosporins, B-lactam/B-lactamase inhibitor combinations, and carbapenems).
- ^^ Clindamycin, Trimethoprim/Sulfamethoxazole and all Cephalosporins are ineffective against *Enterococcus* species.

- * Organisms that are susceptible to Tetracycline are also considered susceptible to Doxycycline.
- ** Rifampin should not be used alone for therapy.

West Park Hospital (CCC) (4C, 4D, 5D, 6C, 6D,2EA, 2WD, 2WE, 2WF, 3WD, 3WE, ELS)

January 01 - December 31, 2024

Table 3. Urine Isolates - % Susceptible

	Ampicillin	Ciprofloxacin	Nitrofurantoin	Trimethoprim - Sulfamethoxazole	Gentamicin	Tobramycin	Ceftriaxone	Amoxicillin - Clavulanic Acid	Piperacillin - Tazobactam	Meropenem	Vancomycin	Cefazolin **
Gram Negative Organism												
Escherichia coli ^	43 n=42	21 n=42	98 n=42	71 n=42	88 n=42	86 n=42	74 n=42	60 n=42	100 n=27	100 n=42		64 n=42
Klebsiella pneumoniae ^8		37 n=19	42 n=19	47 n=19	95 n=19	69 n=19	74 n=19	26 n=19	100 n=9	100 n=19		68 n=19
Proteus mirabilis ^	89 n=18	39 n=18	0 n=18	83 n=18	89 n=18	89 n=18	94 n=18	89 n=18	n=0	100 n=18		89 n=18
Gram Positive Organism												
Enterococcus faecalis ^^	100 n=17	59 n=17	100 n=17								100 n=17	

General Notes:

- 1) Antibiogram results, patient risk factors for resistant organisms, and hospital epidemiology should be considered together to help guide empiric treatment of initial infections. Treatment should be re-evaluated as additional information from culture and sensitivity becomes available.
- 2) n = # of isolates tested
- 3) Calculation of results based on the first isolate per patient.
- 3) (#) = Analysis based on less than 30 isolates. Statistical comparison on results with less than 30 isolates is unreliable.

Organism-Specific Notes:

- ^ Includes ESBL and HL-AmpC isolates (26.2% of total *E. coli* isolates identified, 25% of total *K. pneumoniae* isolates identified, and 5.5% of total *P. mirabilis* isolates identified)
- 8 Includes Carbapenem-resistant (5 % of total *K.pneumoniae* isolates)
- ^^ Clindamycin, Trimethoprim/Sulfamethoxazole and all Cephalosporins are ineffective against *Enterococcus* species.

Antibiotic - Specific Notes:

** Cefazolin interpretation predicts results for Cephalexin (Keflex) in accordance with CLSI standards for urinary sites only (not systemic).

West Park Hospital (REHAB)

(1C, 1D, 2C, 2D, 3C, 3D, 5C,2EB, 2EC, 3EA, 3EB, 3EC, 3WF, ABI)

January 01 – December 31, 2024

Table 1. All Specimens except Surveillance - % Susceptible

Gram Negative Organism	Ampicillin	Amoxicillin- Clavulanic Acid	Ceftriaxone	Ceftazidime	Trimethoprim - Sulfamethoxazole	Ciprofloxacin	Gentamicin	Tobramycin	Meropenem	Piperacillin - Tazobactam
Escherichia coli ^	44	59	77		66	58	89	97	100	85
	n=64	n=64	n=64		n=64	n=64	n=64	N=64	n=64	n=34
Klebsiella pneumoniae ^(#)		91	91		91	71	95	95	100	100
		n=21	n=21		n=21	n=21	n=21	n=21	n=21	n=15
Pseudomonas aeruginosa (#)				86		83		100	93	82
				n=29		n=29		n=29	n=29	n=28
Enterobacter species ^^ (#)					92	92	100	100	100	
					n=12	n=12	n=12	n=12	n=12	
Proteus mirabilis (#)	85	100	100		77	100	88	100	100	-
	n=13	n=13	n=13		n=13	n=13	n=13	n=13	n=13	n=0

General Notes:

- 1. Antibiogram results, patient risk factors for resistant organisms, and hospital epidemiology should be considered together to help guide empiric treatment of initial infections. Treatment should be reevaluated as additional information from culture and sensitivity become available.
- 2. n = # of isolates tested.
- 3. (#) = Analysis based on less than 30 isolates. Statistical comparison on results with less than 30 isolates is unreliable.
- 4. Calculation of results based on the first isolate per patient.

Organism-Specific Notes:

^ Includes ESBL and HL-AmpC isolates (23.4% of total *E. coli* isolates identified, 9.5% of total *K.pneumoniae* isolates identified, and 0% of total *P. mirabilis* isolates identified).

^^ Enterobacter species and other SPICE organisms (Serratia, Providencia, Morganella, Citrobacter species and Klebsiella aerogenes) contain a chromosomal AmpC B-lactamase. Treatment with penicillins, cephalosporins, broad spectrum penicillins, and B-lactam/B-lactamase inhibitor combinations (i.e. piperacillin-tazobactam) is not recommended.

West Park Hospital (REHAB)

(1C, 1D, 2C, 2D, 3C, 3D, 5C,2EB, 2EC, 3EA, 3EB, 3EC, 3WF, ABI)

January 01 – December 31, 2024

Table 2. All specimens except Surveillance - % Susceptible

Gram Positive Organism	Ampicillin	Cloxacillin	Cefazolin	Clindamycin	Erythromycin	Trimethoprim - Sulfamethoxazole	Tetracycline *	Rifampin **	Vancomycin
Staphylococcus aureus (all)(#)		35 n=34	35 n=34		,	(see MSSA a	and MRS	A)	
Methicillin Sensitive S.aureus		100	100	50	50	100			100
(MSSA) (#)		n=12	n=12	n=12	n=12	n=12			n=12
Methicillin Resistant S.aureus				64	50	96	100	96	100
(MRSA) ^ (#)				n=22	n=22	n=22	n=22	n=21	n=22
Enterpopagua fongolia AA/#)	100								100
Enterococcus faecalis ^^(#)	n=29								n=28
Enterococcus faecium ^^(#)	40								80
Emerococca racolam (#)	n=5								n=5

General Notes:

- 1. Antibiogram results, patient risk factors for resistant organisms, and hospital epidemiology should be considered together to help guide empiric treatment of initial infections. Treatment should be reevaluated as additional information from culture and sensitivity become available.
- 2. n = # of isolates tested.
- 3. (#) = Analysis based on less than 30 isolates. Statistical comparison on results with less than 30 isolates is unreliable.
- 4. Calculation of results based on the first isolate per patient.

Organism-Specific Notes:

- ^ *Methicillin Resistant S.aureus* (MRSA) is resistant to all B-Lactams (penicillins, cephalosporins, B-lactam/B-lactamase inhibitor combinations, and carbapenems).
- ^^ Clindamycin, Trimethoprim/Sulfamethoxazole and all Cephalosporins are ineffective against *Enterococcus* species.

- * Organisms that are susceptible to Tetracycline are also considered susceptible to Doxycycline.
- ** Rifampin should not be used alone for therapy.

West Park Hospital (REHAB)

(1C, 1D, 2C, 2D, 3C, 3D, 5C, 2EB, 2EC, 3EA, 3EB, 3EC, 3WF, ABI)

January 01 – December 31, 2024

Table 3. Urine Isolates - % Susceptible

	Ampicillin	Ciprofloxacin	Nitrofurantoin	Trimethoprim - Sulfamethoxazole	Gentamicin	Tobramycin	Ceftriaxone	Amoxicillin - Clavulanic Acid	Piperacillin - Tazobactam	Meropenem	Vancomycin	Cefazolin **
Gram Negative Organism												
Escherichia coli ^	43	57	92	64	93	97	77	59	100	100		69
L'SCHEHCHIA COII	n=61	n=61	n=61	n=61	n=61	n=61	n=61	n=61	n=34	n=61		n=61
Klebsiella		70	30	90	95	95	90	90	100	100		90
pneumoniae ^ (#)		n=20	n=20	n=20	n=20	n=20	n=20	n=20	n=14	n=20		n=20
Proteus mirabilis ^	88	100	0	77	92	100	100	100		100		92
(#)	n=13	n=13	n=13	n=13	n=13	n=13	n=13	n=13	n=0	n=13		n=13
Gram Positive Organism												
Enterococcus	100	85	100								100	
faecalis ^^ (#)	n=26	n=26	n=26								n=25	
Enterococcus	50	25	0								100	
facium ^^ (#)	n=4	n=4	n=4								n=4	

General Notes:

- 1. Antibiogram results, patient risk factors for resistant organisms, and hospital epidemiology should be considered together to help guide empiric treatment of initial infections. Treatment should be reevaluated as additional information from culture and sensitivity become available.
- 2. n = # of isolates tested.
- 3. Calculation of results based on the first isolate per patient.
- 4. (#) = Analysis based on less than 30 isolates. Statistical comparison on results with less than 30 isolates is unreliable.

Organism-Specific Notes:

^ Includes ESBL and HL-AmpC isolates (22.9 % of total *E. coli* isolates identified, 10.0 % of total *K.pneumoniae* isolates identified, and 0.0% of total *P. mirabilis* isolates identified).

^^ Clindamycin, Trimethoprim/Sulfamethoxazole and all Cephalosporins are ineffective against *Enterococcus* species.

Antibiotic - Specific Notes:

** The urinary (not systemic) interpretation of Cefazolin can be used to predict susceptibility to Cephalexin (Keflex) for uncomplicated UTI.

West Park Hospital Long Term Ventilation (LTV) Service (4C, 4D, 5D,2WD, 2WE, 2WF, ELS)

January 01 – December 31, 2024

Table 1. All Specimens except Surveillance - % Susceptible

Gram Negative Organism	Ampicillin	Amoxicillin - Clavulanic Acid	Ceftriaxone	Ceftazidime	Trimethoprim - Sulfamethoxazole	Ciprofloxacin	Gentamicin	Tobramycin	Meropenem	Piperacillin - Tazobactam
Escherichia coli ^ (#)	41 n=22	50 n=22	73 n=22		64 n=22	9 n=22	77 n=22	73 n=22	100 n=22	100 n=13
Klebsiella pneumoniae ^(#)		65 n=20	90 n=20		55 n=20	60 n=20	95 n=20	70 n=20	100 n=20	100 n=10
Pseudomonas aeruginosa				84 n=43		74 n=43		100 n=43	71 n=42	90 n=41
Proteus mirabilis ^^ (#)	63 n=16	75 n=16	81 n=16		56 n=16	31 n=16	81 n=16	75 n=16	100 n=16	n=0
Serratia marcescens ^^ (#)			36 n=11		100 n=11	54 n=11	100 n=11	100 n=11	100 n=11	n=0

General Notes:

- 9. Antibiogram results, patient risk factors for resistant organisms, and hospital epidemiology should be considered together to help guide empiric treatment of initial infections. Treatment should be reevaluated as additional information from culture and sensitivity becomes available.
- 10. n = # of isolates tested
- 11. (#) = Analysis based on less than 30 isolates. Statistical comparison on results with less than 30 isolates is unreliable.
- 12. Calculation of results based on the first isolate per patient.

Organism-Specific Notes:

- ^ Includes ESBL and HL-AmpC isolates (27.2% of total *E.coli* isolates identified, 10% of total *K.pneumoniae* isolates identified, and 18.8% of total *P. mirabilis* identified.)
- ^^ SPICE organisms (Serratia, Providencia, Morganella, Citrobacter species and Klebsiella aerogenes) contain a chromosomal AmpC B-lactamase. Treatment with penicillins, cephalosporins, broad spectrum penicillins, and B-lactam/B-lactamase inhibitor combinations (i.e. piperacillin-tazobactam) is not recommended.

West Park Hospital Long Term Ventilation (LTV) Service (4C, 4D, 5D,2WD, 2WE, 2WF, ELS)

January 01 – December 31, 2024

Table 2. All specimens except Surveillance - % Susceptible

Gram Positive Organism	Ampicillin	Cloxacillin	Cefazolin	Clindamycin	Erythromycin	Trimethoprim - Sulfamethoxazole	Tetracycline *	Rifampin **	Vancomycin
Staphylococcus aureus (all) (#)		70 n=20	70 n=20		(see MSSA	and MRSA	۸)	
Methicillin Sensitive S.aureus (MSSA) (#)		100 n=14	100 n=14	93 n=14	93 n=14	100 n=14			100 n=14
Methicillin Resistant S.aureus (MRSA) ^ (#)				100 n=6	50 n=6	100 n=6	100 n=6	100 n=6	100 n=6
Enterococcus faecalis^^	100 n=10								100 n=10

General Notes:

- 9. Antibiogram results, patient risk factors for resistant organisms, and hospital epidemiology should be considered together to help guide empiric treatment of initial infections. Treatment should be reevaluated as additional information from culture and sensitivity become available.
- 10. n = # of isolates tested
- 11. (#) = Analysis based on less than 30 isolates. Statistical comparison on results with less than 30 isolates is unreliable.
- 12. Calculation of results based on the first isolate per patient.

Organism-Specific Notes:

- ^ *Methicillin Resistant S.aureus* (MRSA) is resistant to all B-Lactams (penicillins, cephalosporins, B-lactam/B-lactamase inhibitor combinations, and carbapenems).
- ^^ Clindamycin, Trimethoprim/Sulfamethoxazole and all Cephalosporins are ineffective against *Enterococcus* species.

- * Organisms that are susceptible to Tetracycline are also considered susceptible to Doxycycline.
- ** Rifampin should not be used alone for therapy.

West Park Hospital Long Term Ventilation (LTV) Service (4C, 4D, 5D,2WD, 2WE, 2WF, ELS)

January 01 – December 31, 2024

Table 3. Urine Isolates - % Susceptible

	Ampicillin	Ciprofloxacin	Nitrofurantoin	Trimethoprim - Sulfamethoxazole	Gentamicin	Tobramycin	Ceftriaxone	Amoxicillin - Clavulanic Acid	Piperacillin - Tazobactam	Meropenem	Vancomycin	Cefazolin **
Gram Negative Organism												
Escherichia coli ^(#)	42 n=19	5 n=19	95 n=19	63 n=19	74 n=19	74 n=19	74 n=19	53 n=19	100 n=12	100 n=19		58 n=19
Klebsiella pneumoniae ^(#)		43 n=14	50 n=14	50 n=14	93 n=14	57 n=14	86 n=14	50 n=14	100 n=7	100 n=14		79 n=14
Proteus mirabilis ^(#)	80 n=10	20 n=10	0 n=10	70 n=10	80 n=10	80 n=10	90 n=10	80 n=10	n=0	100 n=10		80 n=10
Gram Positive Organism												
Enterococcus faecalis (#)	100 n=10	40 n=10	100 n=6								100 n=10	

General Notes:

- 1) Antibiogram results, patient risk factors for resistant organisms, and hospital epidemiology should be considered together to help guide empiric treatment of initial infections. Treatment should be re-evaluated as additional information from culture and sensitivity become available.
- 2) n = # of isolates tested
- 3) Calculation of results based on the first isolate per patient.
- 4) (#) = Analysis based on less than 30 isolates. Statistical comparison on results with less than 30 isolates is unreliable.

Organism-Specific Notes:

^ Includes ESBL and HL-AmpC isolates (26.3% of total *E. coli* isolates identified, 14.3% of total *K.pneumoniae* isolates identified, and 10% of total *P. mirabilis* identified.)

Antibiotic - Specific Notes:

**The urinary (not systemic) interpretation of Cefazolin can be used to predict susceptibility to Cephalexin (Keflex) for uncomplicated UTI.

West Park Hospital Long Term Ventilation (LTV) Service (4C, 4D, 5D,2WD, 2WE, 2WF, ELS)

January 01 – December 31, 2024

Table 4. Sputum Isolates - % Susceptible

Gram Negative Organism	Ceftriaxone	Ceftazidime	Trimethoprim - Sulfamethoxazole	Ciprofloxacin	Gentamicin	Tobramycin	Meropenem	Piperacillin - Tazobactam
Serratia marcescens (#)^	0		100	50	100	100	100	
	n=6		n=6	n=6	n=6	n=6	n=6	n=0
Pseudomonas aeruginosa		81 n=37		70 n=37		100 n=37	72 n=36	89 n=35

Gram Positive Organism	Cloxacillin	Cefazolin	Clindamycin	Erythromycin	Trimethoprim - Sulfamethoxazole	Tetracycline *	Rifampin **	Vancomycin		
Staphylococcus aureus (all) (#)	71 n=14	71 n=14	(see MSSA and MRSA)							
Methicillin Sensitive S.aureus (MSSA) (#)	100 n=10	100 n=10	100 n=10	100 n=10	100 n=10			100 n=10		
Methicillin Resistant S.aureus (MRSA) (#)			100 n=4	25 n=4	100 n=4	100 n=4	100 n=4	100 n=4		

General Notes:

- 1) Antibiogram results, patient risk factors for resistant organisms, and hospital epidemiology should be considered together to help guide empiric treatment of initial infections. Treatment should be re-evaluated as additional information from culture and sensitivity become available.
- 2) n = # of isolates tested
- 3) Calculation of results based on the first isolate per patient.
- 4) (#) = Analysis based on less than 30 isolates. Statistical comparison on results with less than 30 isolates is unreliable.

Organism-Specific Notes:

^ SPICE organisms (Serratia, Providencia, Morganella, Citrobacter species and Klebsiella aerogeness) contain a chromosomal AmpC B-lactamase. Treatment with penicillins, cephalosporins, broad spectrum penicillins, and B-lactam/B-lactamase inhibitor combinations (i.e. piperacillin-tazobactam) is not recommended.

Antibiotic - Specific Notes:

* Organisms that are susceptible to Tetracycline are also considered susceptible to Doxycycline.