Anaerobe Cumulative Antibiogram	Ampicillin/sulbactam	Cefoxitin	Clindamycin	Meropenem	Metronidazole	Moxifloxacin	Piperacillin/tazobactam
Bacteriodes fragilis	84	100	26	93	100	61	96
Prevotella species	97	—	69	98	99	66	100
Fusobacterium species	100	—	77	100	95	68	96
Anaerobic gram-positive cocci	—	—	97	100	100	72	99
Propionibacterium acnes	—	—	53	—	0	95	100
Clostridium perfringens	100	—	83	100	100	83	100
Clostridium species (not perfringens)	—	—	67	100	100	62	94

Reference:
CLSI M100 34th edition
Isolates collected from selected US hospitals from Jan. 1, 2013, to Dec. 31, 2016.

Common Indications for Empiric Vancomycin

Febrile Neutropenia
- High risk (refer to NCCN or IDSA guidelines for criteria) with severe cephalosporin allergy
- Suspected serious catheter-related infection, SSTI, pneumonia, hemodynamic instability, blood culture with gram-positive cocci, or previous MRSA infection/colonization

Community-Acquired Pneumonia (CAP)
- Severe CAP (ie: admitted to ICU) PLUS hospitalized with IV antibiotics within prior 90 days
- Prior respiratory isolation of MRSA

Hospital-acquired (HAP)/ventilator-associated (VAP) Pneumonia
- Prior respiratory isolation of MRSA
- Empyema
- Risk factors for resistance or mortality
  - HAP: mechanical ventilation, septic shock, IV antibiotics within 90 days
  - VAP: acute respiratory distress syndrome prior to VAP, septic shock at time of VAP, IV antibiotics within 90 days, acute renal replacement therapy prior to VAP, ≥ 5 days in hospital prior to VAP

Skin and Soft Tissue Infection (SSTI)
- Severe purulent infection or presence of abscess
- Non-purulent infection with one of the following:
  - Severe cephalosporin allergy
  - MRSA risk (penetrating trauma, MRSA infection elsewhere or nasal colonization, injection drug use, severely immunocompromised)
  - Necrotizing fasciitis
  - ICU admission for SSTI

Diabetic Foot Infection (DFI)/Chronic Wound
- Any indications listed within SSTI section
- Severe or chronic-moderate
  - Moderate: deeper than skin & subcutaneous tissues, no signs of systemic inflammatory response syndrome (SIRS)
  - Severe: SIRS OR presence of ischemia
- ICU admission for DFI or chronic wound

Scan QR Code for a full list of indications

070–0173 06/11/24

2024

Antimicrobial Agent Susceptibilities

PROVIDED BY

Microbiology ext. 3191

Pharmacy ext. 3394

Jacksonville Memorial Hospital

1600 W. Walnut St. • Jacksonville, IL 62650

Jan. 1–Dec. 31, 2023
First isolates only

	# Isolates	Ampicillin	Ampicillin/ sulbactam	Cefazolin	Cefepime	Ceftazidime	Ceftriaxone	Clindamycin	Erythromycin	Gentamicin	Levofloxacin	Linezolid	Meropenem	Nitrofurantoin	Oxacillin	Penicillin-G	Piperacillin-Tazo	Tetracycline	TMP/SMX	Vancomycin
GRAM NEGATIVE BACILLI	**Percent Susceptible**																			
Escherichia coli	456	22	65	88	95	93	93			94	81			98			96		78	
Klebsiella pneumoniae	136	R	80	90	93	92	93			94	93			37			93		94	
Klebsiella oxytoca	18		78	83	100	89	100			100	94			83			100		100	
Proteus mirabilis	55	76	87	84	93	88	89			95	77			R			98	R	79	
Enterobacter cloacae	28			R	96					100	100			36					93	
Serratia marcescens	16			R	100	98	86			94	88			R					100	
Morganella morganii	13		R	R		85				100	77			R			92		69	
Pseudomonas aeruginosa	65			R	95	94					73		95				84			
GRAM POSITIVE COCCI	**Percent Susceptible**																			
Staphylococcus aureus	123							64	38	98	51	100			50			90	91	100
Staphylococcus epidermidis	37							61	25	94	67	100			35			83	58	100
Enterococcus faecalis	56	95									79	100						34		95
Enterococcus faecium	18	16									R	89						R		53
Streptococcus agalactiae	21	100					100	29	38		100					100				100
Streptococcus Pyogenes	10	100					100	90	80		100					100				100
Steptococcus Pneumoniae	15						80*									60*				
* Meningitis interpretations ^ Non-meningitis interpretations							87^	80	60		93					100^			73	100
COST PER DAY		**$$$-IV $-PO**	**$$**	**$**	**$$**	**$$**	**$**	**$$-IV $-PO**	**$$**	**$$**	**$-IV ¢-PO**	**$$-IV $-PO**	**$$$**	**$**	**$$**	**$$**	**$$**	**$**	**$-IV ¢-PO**	**$$**

COST PER DAY KEY: ¢= <$1 $=$1-$10 $$=$10-$50 $$$=$50-$100 $$$$=$100-$200 $$$$$=>200

Guidelines for dosing select antibiotics in patients with normal or decreased renal function. The doses listed below are empiric recommendations only. A drug information resource should be consulted for indication and severity specific dosing of any antibiotic.

Estimation of Creatinine Clearance (CrCL) ml/min
Males: CrCL = (140-age) x IBW (kg) 72xScr
Females: CrCL = (.085) x (CrCL Male)
IBW = Ideal Body Weight

Male = 50kg + 2.3kg/inch over 5 feet
Female = 45.5kg + 2.3kg/inch over 5 feet

USUAL RECOMMENDED INITIAL DOSE

Antimicrobial	CrCl>50 ml/min	CrCl 30-50 ml/min	CrCr 10-29 ml/min	CrCl<10 ml/min
Ampicillin	1-2gm IV q6h	q6-12h	q6-12h	q12-24h
Ampicillin/Sulbactam	1.5-3gm IV q6h	no adjustment	q12h	q24h
Cefazolin	1-2 gm IV q6-8h	q8h	50% of dose q12h	50% of dose q24h
Cefepime	1-2 gm IV q8h	500mg-2gm IV q12-24h	500mg-1gm IV q24h	250mg-1gm IV q24h
Cefoxitin	1-2gm IV q6-8h	q8-12h	q12-24h	50% of usual dose q12-24h
Ceftazidime	1-2gm IV q8-12h	1gm IV q12h	1gm IV q24h	500mg IV q24-48h
Ceftriaxone	1-2gm IV q12-24h	no adjustment	no adjustment	no adjustment
Clindamycin	600-900mg IV q8h	no adjustment	no adjustment	no adjustment
Ertapenem	1gm IV q24h	no adjustment	500mg IV q24h	500mg IV q24h
Erythromycin	500mg IV q6h	no adjustment	no adjustment	no adjustment
Gentamicin	Refer to kinetics policy; may use Traditional or Extended Interval Dosing-dosing determined by patient parameters and blood levels			
Levofloxacin	750mg q24h or 500mg q24h	750mg q48h or 250mg q24h	500mg q48h or 250mg q48h	500mg q48h or 250mg q48h
Linezolid	600mg q12h	no adjustment	no adjustment	no adjustment
Nitrofurantoin	50-100mg po q6h	avoid	avoid	avoid
Oxacillin	1-2gm IV q6h	no adjustment	no adjustment	no adjustment
Penicillin G	1-4 million units IV q4-6h	75% of usual dose	75% of usual dose	50% of usual dose (max 3 million units daily)
Piperacillin/Tazobactam	3.375gm-4.5gm IV q6h	2.25gm- 3.375gm IV q6h	2.25gm- 3.375gm IV q6h	2.25gm IV q6-q8h
Trimethoprim / Sulfamethoxazole*	160/800mg q12h*	no adjustment	50% of the dose	avoid
Vancomycin	refer to kinetics policy- dosing determined by patient parameters and blood levels			

* 160/800 mg is equivalent to 1 DS tablet or 10 ml of IV formulation

Source: 1. Up to Date (electronic version) Release 24.5-C25.21 accessed 1/30/2017 2. Micromedex® 2.0, (electronic version). Truven Health Analytics, Greenwood Village, Colorado, USA. Available at: http://www.micromedexsolutions.com/ (cited: 01/30/2017).