



PALOS HOSPITAL

ANTIMICROBIAL SUSCEPTIBILITY REPORT (ANTIBIOGRAM)

**January 1, 2020 through
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Facility Wide 2020

GRAM POSITIVE ISOLATE SUSCEPTIBILITY (%)

Organism (number of isolates)	Ampicillin	Penicillin	Oxacillin*	Clindamycin	Daptomycin (ID Restricted)	Linezolid (ID/Pulm/Crit Care Restricted)	Tetracycline	Tigecycline (ID Restricted)	Trimethoprim/ Sulfamethoxazole	Vancomycin
Enterococcus Group (297)	75	---	---	---	100	97	---	100	---	73
Staphylococcus aureus Group (499)	---	---	53	57	100	100	79	100	87	100
Staphylococcus epidermidis (Coagulase Negative) (53)	---	---	22	41	97	100	81	100	66	100
--- Denotes not recommended for treatment or not tested * Oxacillin reflects methicillin for laboratory testing										

STREPTOCOCCUS PNEUMONIAE ISOLATE SUSCEPTIBILITY (%)

(intermediate and resistant isolates are not delineated)

Number of isolates*	Penicillin	Ceftriaxone	Levofloxacin
*Less than 30 isolates are reported, use caution extrapolating results: data may be inconclusive for therapeutic efficacy and empiric therapy selection. 5 (all sources)	80	100	Not reported
0 (Cerebral spinal fluid)	n/a	n/a	n/a

Facility Wide 2020

GRAM NEGATIVE ISOLATE SUSCEPTIBILITY (%)															
Organism (number of isolates)	Amikacin	Ampicillin	Aztreonam	Cefazolin	Cefepime	Cefoxitin	Ceftriaxone	Ciprofloxacin	Ertapenem (ID Restricted)	Gentamicin	Meropenem (ID Restricted)	Piperacillin/ tazobactam	Tigecycline (ID Restricted)	Tobramycin	Trimethoprim/ sulfamethoxazole
Acinetobacter baumannii Complex (19)	63	---	---	---	10	---	5	15	---	47-	15	10	0	52	36
Enterobacter Group (59)	100	---	72	---	84	---	66	93	100	100	96	71	98	98	91
Escherichia coli Group (1097)	100	52	90	48	90	100	89	79	99	92	99	94	100	91	74
Klebsiella Group (373)	97	0	84	38	87	---	84	90	100	94	97	88	100	90	84
Proteus Group (184)	99	67	84	30	89	---	88	66	100	89	100	100	0	88	76
Pseudomonas aeruginosa (272)	97	---	71	---	92	---	---	85	---	93	89	90	0	98	---
Serratia marcescens (36)	100	---	94	0	94	---	91	97	100	97	97	96	100	83	94

Antibiogram background:

- An antibiogram is a collection of data that summarizes the percent of individual bacterial pathogens that are susceptible to tested antimicrobial agents and is designed to help direct empiric therapy.
- This cumulative antibiogram is hospital wide and not separated per individual units.
- Unless otherwise specified, organisms are grouped per genus.
- Organism groups with 30 or more isolates are reported. If less than 30 isolates are reported, use caution extrapolating results: data may be inconclusive for therapeutic efficacy and empiric therapy selection.

Antimicrobial Stewardship Pearls

- Initiate empiric therapy based on the most likely pathogen.
- Beta-lactam therapy (e.g. penicillins, cephalosprins) is preferred.
- Evaluate patients' allergy history: most patients with a penicillin allergy will tolerate a cephalosporin or carbapenem.
 - Aztreonam is not a preferred first-line agent due to poor susceptibility.
 - Beta lactams exhibit more rapid bactericidal activity compared to Vancomycin.
 - Avoid empiric use of Fluoroquinolones when possible due to their safety profile and decreased susceptibility.
- For select organisms, amoxicillin susceptibility can be inferred from ampicillin and cephalexin susceptibility can be inferred from cefazolin.
- Incorporate a TIME OUT.
 - Re-evaluate therapy by day 3.
 - De-escalate / discontinue therapy per susceptibility data or identification of non-infectious cause.
- Document a clear plan of care regarding antibiotic therapy including anti-infective agent names, indication/assessment of condition and anti-infective plan.

COVID Pneumonia:

Due to the low incidence of bacterial co-infection (1.55 – 5%), antibiotics are not recommended unless leukocytosis, focal lobar infiltrate, or clinical decompensation are present. If considering antibiotics, consider serial procalcitonin.